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# ***Illinois Register***

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**Rules of Governmental Agencies**

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Secretary of State



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Please note: When the Register deadline falls on a State holiday, the deadline becomes 4:30 p.m. on Monday (the day before).



## ILLINOIS REGISTER

DEPARTMENT ON AGING

## NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Community Care Program2) Code Citation: 89 Ill. Adm. Code 2403) Section Numbers: Proposed Action:

240.1510 Amendment  
 240.1520 Amendment  
 240.1530 Amendment  
 240.1535 Amendment  
 240.1540 Amendment  
 240.1545 Amendment  
 240.1550 Amendment  
 240.1555 Amendment  
 240.1560 Amendment  
 240.1565 Amendment  
 240.1570 Amendment  
 240.1575 Amendment  
 240.1580 Amendment  
 240.1590 Amendment  
 240.1800 Amendment  
 240.1850 Repeal  
 240.2020 Amendment  
 240.2050 Amendment

4) Statutory Authority: Ill. Rev. Stat. 1991, ch. 23  
 Sections 6104.01(4), (9), (11) and  
 (12); 6104.02, 6104.03 and 6105.02

5) A Complete Description of the Subjects and Issues Involved:

The purpose of this rulemaking is to reduce the administrative requirements on providers of Community Care Program services, and to streamline the advisory committee by combining the rate and policy advisory groups. The changes are a result of recommendations from the Paperwork Reduction Task Force, and include reducing paperwork which will not affect the quality of Community Care Program services. Specific changes include removal of minimum supervisor to staff ratios, allows workers to count experience caring for a dependent child or adult family member, allows carry forward of excess training (to satisfy requirements in following quarters), exempts CNAs, RNs and LPNs from pre-service training requirements, allows the RN in an adult day care facility to also serve as program coordinator, and allows costs of worker travel to be counted as a direct service cost.

## ILLINOIS REGISTER

DEPARTMENT ON AGING

## NOTICE OF PROPOSED AMENDMENTS

6) Will this proposed rule replace an emergency rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date?  
 Yes X No

8) Does this proposed amendment contain incorporations by reference? No

9) Are there any proposed amendments pending on this Part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
240.400	Amendment	07/17/92:16 Ill.Reg. 11363
240.415	Amendment	07/17/92:16 Ill.Reg. 11363
240.451	New Section	07/17/92:16 Ill.Reg. 11363
240.720	Repeal	07/17/92:16 Ill.Reg. 11363
240.725	Repeal	07/17/92:16 Ill.Reg. 11353
240.726	Repeal	07/17/92:16 Ill.Reg. 11353
240.727	New Section	07/17/92:16 Ill.Reg. 11363
240.728	New Section	07/17/92:16 Ill.Reg. 11363
240.800	Amendment	07/17/92:16 Ill.Reg. 11363
240.810	Amendment	07/17/92:16 Ill.Reg. 11363
240.825	Amendment	07/17/92:16 Ill.Reg. 11363
240.855	Amendment	07/17/92:16 Ill.Reg. 11363
240.729	New Section	08/07/92:16 Ill.Reg. 12251

10) Statement of Statewide Policy Objectives: N/A

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

Interested persons may present their comments concerning this rulemaking by writing to Ms. Mary J. Mayes, Policy and Rules Analyst, Illinois Department on Aging, 421 East Capitol Avenue, Springfield, Illinois 62701 within 45 days after the date of this issue of the Illinois Register.

These rule amendments will have an impact on small businesses. In accordance with Sections 3.01 and 4.02 of the Illinois Administrative Procedure Act, any small business may present their comments to Mary J. Mayes at the above address.

Any small business (as defined in Section 3.10 of the Illinois Administrative Procedure Act) commenting on these rule amendments shall indicate their status as such, in writing, in their comments.



## NOTICE OF PROPOSED AMENDMENTS

In addition, the Department on Aging will hold PUBLIC HEARINGS on this rulemaking as follows:

DATE: October 15, 1992  
 TIME: 1:30 P.M. until 3:30 P.M.  
 LOCATION: Room 161 (Auditorium)  
 Centennial Building  
 2nd and Edwards Streets  
 Springfield, IL 62701

DATE: October 29, 1992  
 TIME: 1:30 P.M. until 3:30 P.M.  
 LOCATION: State of Illinois Center  
 Room 8-032  
 100 W. Randolph  
 Chicago, IL 60601

## 12) Initial Regulatory Flexibility Analysis:

- A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: September 15, 1992
- B) Types of small businesses affected:  
 Providers of homemaker, chore-housekeeping and adult day care services through the Community Care Program.
- C) Reporting, bookkeeping or other procedures required for compliance:

No change from previously established requirements.

- D) Types of professional skills necessary for compliance:

No change from previously established requirements.

The full text of the Proposed Amendments begins on the next page:

## NOTICE OF PROPOSED AMENDMENTS

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 CHAPTER II: DEPARTMENT ON AGING

PART 240  
 COMMUNITY CARE PROGRAM

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240.110	Services Provided
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240.130	Program Limitations
240.140	Completed Applications Prior to August 1, 1982 (Repealed)
240.150	Definitions
240.160	

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## NOTICE OF PROPOSED AMENDMENTS

**AUTHORITY:** Implementing Section 4.02 and authorized by Section 4.01(1) of the Illinois Act on the Aging (Ill. Rev. Stat. 1991, ch. 23, pars. 6104.02 and 6104.01(1)).

**SOURCE:** Emergency rules adopted at 4 Ill. Reg. 1, p. 67, effective December 20, 1979, for a maximum of 150 days; adopted at 4 Ill. Reg. 17, p. 151, effective April 25, 1980; amended at 4 Ill. Reg. 43, p. 86, effective October 15, 1980; emergency amendments at 5 Ill. Reg. 1900, effective February 18, 1981, for a maximum of 150 days; amended at 5 Ill. Reg. 12090, effective October 26, 1981; emergency amendments at 6 Ill. Reg. 8455, effective July 6, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 14953, effective December 1, 1982; amended at 7 Ill. Reg. 8697, effective July 20, 1983; codified at 8 Ill. Reg. 2633; amended at 9 Ill. Reg. 1739, effective January 29, 1985; amended at 9 Ill. Reg. 10208, effective July 1, 1985; emergency amendments at 9 Ill. Reg. 14011, effective August 29, 1985, for a maximum of 150 days; amended at 10 Ill. Reg. 5076, effective March 15, 1986; recodified at 12 Ill. Reg. 7980; amended at 13 Ill. Reg. 11193, effective July 1, 1989; emergency amendments at 13 Ill. Reg. 13638, effective August 18, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 17327, effective November 1, 1989; amended at 14 Ill. Reg. 1233, effective January 12, 1990; amended at 14 Ill. Reg. 10732, effective July 1, 1990; emergency amendments at 15 Ill. Reg. 2838 effective, February 1, 1991 for a maximum of 150 days; amended at 15 Ill. Reg. 10351, effective July 1, 1991; emergency amendments at 15 Ill. Reg. 14593, effective October 1, 1991, for a maximum of 150 days; emergency amendments at 15 Ill. Reg. 17398, effective November 15, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 18568, effective December 13, 1991; emergency amendments suspended at 16 Ill. Reg. 1744; emergency amendments at 16 Ill. Reg. 2630 effective February 1, 1992, for a maximum of 150 days; emergency amendments modified and reinstated at 16 Ill. Reg. 2943; emergency amendments at 16 Ill. Reg. 2901, effective February 6, 1992, to expire June 30, 1992; emergency amendments at 16 Ill. Reg. 4069, effective February 28, 1992, to expire June 30, 1992; amended at 16 Ill. Reg. 11403, effective June 30, 1992; emergency amendments at 16 Ill. Reg. 11625, effective July 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 11731, effective June 30, 1992; emergency rule added at 16 Ill. Reg. 12615, effective July 23, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 14565, effective September 8, 1992; amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**NOTE:** Bold faced type denotes statutory language.

SUBPART O: PROVIDERS/ENDORS



## DEPARTMENT ON AGING

## NOTICE OF PROPOSED AMENDMENTS

Section 240.1510 Provider/Vendor Administrative Minimum Standards  
 The provider/vendor shall assure have and observe written policies approved by the governing authority and available for review by the Department/Department designees. Such policies shall minimally cover:

- a) Confidentiality of client records is maintained as required by Section 240.340.
- b) The type and amount of service is provided shall be provided in accordance with the Case Documentation for the Determination of Need and the Client Agreement - Plan of Care as developed and authorized designated by the Case Coordination Unit (CCU).
- c) Money handling activities management and budgeting related to necessary shopping/errand activities, including receipt procedures are and monitored.
- d) ~~When more than one type of service is offered, there shall be a clear distinction of each type provided.~~
- e) Each job category has personnel policies, a job descriptions, and a specified wage and the agency has scale for each job category. Personnel policies which shall include hours of work, benefits, and promotion and evaluation criteria.
  - 1) There shall be a written job description for each job category for all paid and volunteer staff positions which are part of the service. A copy of a particular employee's specific job description is shall be provided to the employee.
  - 2) Each employee shall receives a copy of current written personnel policies for his/her their specific job category at the time of employment and any subsequent revisions.
  - 3) Each employee is shall be informed of the wage scale for the specific job category at the time of employment and any subsequent revisions.
  - 4) Employee benefits and grievance procedures are shall be clearly stated in writing and shall comply with both State and Federal regulations.

## DEPARTMENT ON AGING

## NOTICE OF PROPOSED AMENDMENTS

- 5) Personnel records are shall be maintained for each employee and shall include at least the following:
  - A) employee application;
  - B) annual performance evaluation;
  - C) documentation of participation in initial training, in-service and other pertinent training (orientation in agency policies is shall be in addition to Department training required by Sections 240.1535, 240.1545 and 240.1555);
  - D) Documentation of supervisory home and on-site visits, and office conferences and evaluations, should be filed in the employee's personnel file. Any employee problems which are related to client service are should also be documented in the client's file Case Record Recording Sheet.
- e) All provider/vendor staff having face-to-face contact with clients are free of communicable disease. shall provide to the vendor, written confirmation of a physical examination, including a tuberculosis test result, performed by an appropriately licensed professional within six (6) months prior to assignment on the job. Such confirmation shall either certify that the employee is in good health or that any illness or physical disability detected shall not present a risk to the client or prevent the employee from meeting the activities of the Client Agreement Plan of Care. Any staff not having this written confirmation shall not provide services to Community Care Program (CCP) clients.
  - i) ~~Such certification shall be retained by the vendor in the personnel file of the employee.~~
  - ii) ~~Recertification shall be required if a worker contracts a communicable disease following the initial certification.~~
- f) Administrative and client records as required by the Department to substantiate services provided and vendor requests for payment: ~~all~~ Department required documentation to support units of service requested for



## NOTICE OF PROPOSED AMENDMENTS

reimbursement ~~is on the Vendor Request for Payment form~~  
~~Client Agreement Plan of Care, and Case Documentation~~  
~~for the Determination of Need shall be retained for a~~  
~~minimum of five (5) years from the termination date of~~  
~~the provider's contract with the Department, or from the~~  
~~date of client termination from services whichever comes~~  
~~first.~~

(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 240.1520 Provider/Vendor Responsibilities

- a) Community Care Program (CCP) services shall be purchased only from providers/vendors determined capable and competent by the Department to provide such services, as described in Section 240.1635.
- b) In-home care providers/vendors shall carry general/public liability insurance in the single limit minimum amount of \$100,000 per occurrence. (The policies or current letters documenting all insurance coverage shall be available in the provider's/vendor's file.)
- c) In-home care providers/vendors shall also carry the following insurance coverages:
  - 1) volunteer protection equivalent to employees' coverage (especially coverage for volunteer drivers/escorts);
  - 2) general liability; and
  - 3) motor vehicle liability, uninsured motorist, and medical payments comprehensive and collision, public liability and property damage, and medical coverage if staff transport clients in private automobiles or agency vehicles.
- d) All providers/vendors providing of CCP services must comply with all applicable local, state and federal laws, rules and regulations.
- e) A provider shall provide services to all CCP clients referred by the Case Coordination Unit (CCU).
  - 1) In the event the provider is unable or unwilling to accept all CCP referrals, the provider shall

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request a "service cap" in writing to the Department.

- 2) Upon approval of the request, the provider assumes responsibility for managing intake to maintain the cap.
- 3) The Department will not approve a "service cap" for a contractor which is the only provider of chore-housekeeping or homemaker services in the contract area.

f) A providers/vendor shall not change the provision of service without receipt of written instruction from the Department or by the Case Coordination Unit (CCU) on approved Department CCP forms, except in cases of emergency, client refusal of service, or client failure to be home to receive service. Any temporary change or any temporary deviation from the plan of care must be documented by the provider/invendor on the client's file/Case Record Recording Sheet.

g) It shall be the responsibility of the provider/vendor to advise the CCU of any change in the client's physical/mental/environmental needs which the provider/vendor, through the direct service worker/supervisor, has observed, when such change would affect the client's eligibility or service level or would necessitate a change in the plan of care.

h) All providers/vendors shall reply to requests by a client, by telephone or in writing, within 15/fifteen (15) calendar days from the date of the request. The request and the response/resolution thereof shall be documented in on the client's file/Case Record Recording Sheet.

i) The provider/vendor shall be responsible for the collection from the client of the incurred expense for care provided to the client in the following manner:

- 1) The provider/vendor is responsible for billing the clients for whom they provide CCP services once per month in the month following the provision of service, and in the manner prescribed by the Department. Such billings shall be based, for each client, upon the units of service provided and the fixed fee share rate for the client's incurred



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expense for care.

- 2) ProvidersVendors shall not require clients to pay a greater share of the cost of services prescribed in the plan of care than required by the Client Agreement - Plan of Care.
- 3) For clients who are required, because of income, to pay for 100 percent of their services, charges for CCP services shall not be more than the cost for care based upon the units of service multiplied by the provider's contracted fixed fee share rate. (Refer to See Section 240.870(a)(1)).
- 4) If a client requests additional service from the providerVendor other than that allowed by the Client Agreement - Plan of Care, the Department will not be billed for client must pay 100 percent of the cost of those additional units of service to the vendor.
- 5) ProvidersVendors must send a copy of a Notice of Appeal to Department on Aging form to the client with the initial billing.
- j) Payment to a providerVendor will be authorized in compliance with "AN ACT to require prompt payments by the State of Illinois for goods or services" (Ill. Rev. Stat. 1991-1987, ch. 127, pars. 132.401 et seq.).
- k) ProvidersVendors may accept partial or full payment from a third party for a client's incurred expense. However, the liability for the proportionate share, if third party payment is not received, remains with the client as indicated by the expense for care agreement executed by the client and included as an integral part of the Client Agreement - Plan of Care.
- l) ProvidersVendors have the option of not billing a client for the incurred expense for care if they have resources identified to make payment of the incurred expense for care on behalf of the client.
- m) ProvidersVendors shall respond in writing to the client on any question presented to the provider either verbally or in writing, regarding the validity of a billing within two (2) work days from the date of receipt of such a

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question. If the question is not resolved to the satisfaction of the client, the providerVendor shall advise the client of his/her right to appeal the question, and the providerVendor shall assist the client in filing an appeal if requested or needed. The providerVendor shall also advise the client that non-payment shall result in discontinuance of CCP services. ProvidersVendors may not discontinue services until authorized to do so by the CCU. (Refer to Section 240.935).

- n) ProvidersVendors shall submit a Vendor Request for Payment form which shall be received by the Department no later than the fifteenth day of the month following the month in which services were provided. The form shall state the number of units of service provided to each identified client during the service month. Reimbursement to the providerVendor by the Department will be adjusted by calculating and deducting the client's incurred expense for care based upon the fixed fee share rate.
- o) ProvidersVendors shall bill the Department for service rendered to clients in increments of full or one-half (1/2) units only. Adult day care providerVendors shall bill for not less than one nor more than two units of agency provided transportation to/from the adult day care site per client for each 24-hour period in which adult day care service is provided to each client (refer to Section 240.1950).
- p) The providerVendor shall advise the CCU of any failure by a client to pay a monthly bill rendered by the providerVendor for services provided to the client for more than thirty (30) calendar days from the date of the initial monthly billing therefor. The providerVendor may request the CCU to discontinue service to the client in default as stated above. (Refer to Sections 240.875 and 240.935).
- q) Upon permission is granted for discontinuance of service the providerVendor may request reimbursement from the Department, in accordance with Section 240.935, for the client's incurred expense not to exceed 120 calendar days.
- r) If a client fails to pay the client's incurred expense



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for care, the provider~~vender~~ should advise the CCU after ~~30thirty~~ (30) calendar days have elapsed and request reimbursement~~nt~~ (refer to see Section 240.935). If the client makes payment to the provider~~vender~~ for incurred monthly expense which has already been reimbursed to the provider~~vender~~ by the Department, the provider~~vender~~ shall reimburse the Department within ~~30thirty~~ (30) calendar days from the date of receipt of payment from the client.

s\*) Providers~~venders~~ shall provide the Department with an annual audit report to be completed in accordance with Generally Accepted Auditing Standards and the Department on Aging Audit guidelines~~Accounting Principles (GAAP)~~ adopted by the Financial Accounting Standards Board (High Ridge Park, Stamford, Connecticut, June 1, 1987), which are hereby incorporated by reference. (This incorporation includes no later amendments or editions).

1) The annual audit shall assure that chore-  
housekeeping and homemaker providers are in  
compliance with the financial reporting  
requirements as outlined in Section 240.2020. A  
Certified Public Accountant's (CPA's) opinion  
concerning the cost report shall be submitted with  
the audit. The CPA's opinion may be limited to:

a) the provider prepared the cost report by using  
acceptable accounting methods to allocate  
costs; and,

b) the cost reports are supported by provider  
accounting records.

2) The audit report shall be filed at the offices of  
the Illinois Department on Aging, 421 East Capitol  
Avenue, Springfield, Illinois 62701, within  
~~5six~~ (6) months from the date of the close of the  
provider's~~vender's~~ business fiscal year or the  
calendar year.

2) Chore housekeeping and homemaker vendors shall be  
responsible for adhering to financial reporting  
requirements as outlined in Section 240.2020,  
Financial Reporting of Chore housekeeping and  
Homemaker Service.

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3) The Department reserves the right to review the  
CPA's work papers.

(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 240.1530 General Homemaker Staffing Requirements

Each homemaker provider~~vender~~ shall have specified staff to carry  
out the following functions:

a) There shall be a designated individual who has  
responsibility for administration of the Community Care  
Program (CCP) homemaker program.

b) There shall be qualified homemaker staff to meet the  
needs of all cases referred for the provision of  
homemaker services. In determining what services are  
sufficient, the Department will look to whether homemaker  
services are adequate. Inadequate homemaker services are  
characterized by delays or interruptions in the provision  
of homemaker services or by failure to provide homemaker  
services as required by the plan of care.

c) The homemaker provider~~vender~~ shall assign  
responsibilities to staff which include the following:

1) Planning and administration of the homemaker  
program; assuring adequate staff to provide  
required services at all times; serving as liaison  
between the staff and the community; implementing  
policies according to regulations promulgated by  
the Department which govern the program;  
recommending policy and program changes to the  
Department; and recruiting, training and  
supervising staff.

2) Supervision of workers which is to be accomplished  
by qualified staff who have responsibility to  
ensure that the workers are scheduled and that  
assignments are kept.

The vendor shall maintain a minimum of one (1)  
full-time supervisor for every twenty (20)  
full-time equivalent (FTE) homemakers.

d) Homemaker provider~~s~~venders shall not sub-contract for  
management, supervisory or homemaker staff personnel.



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(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 240.1535 Homemaker Staff Positions, Qualifications and Responsibilities

a) Homemaker Supervisor

- 1) Activities of a homemaker supervisor shall include:
  - A) documenting client contacts and activities related to client services in the client's file~~Case Record Recording Sheet~~;
  - B) responsibility for preparing or reviewing reports and service calendars;
  - C) monitoring the service components of receipt procedures in the conduct of essential shopping and errands as stated in the plan of care;
  - D) providing input to the case manager on the services that are needed for each client as a result of conferences with the homemaker or on-site home visits;
  - E) planning, preparing, and documenting weekly verbal contact and quarterly face-to-face~~face-to-face~~ worker conferences with each assigned homemaker;
  - F) annual evaluation of each assigned homemaker;
  - G) coordinating the homemakers' activities with other components of the plan of care as required;
  - H) making and documenting semi-annual in-home supervisory visits for each client served by the homemaker~~assigned homemaker~~;
  - I) making home visits, as necessary, to provide hands-on training and assistance; and-
  - J) participating in client staffing discussions with the case manager, as necessary.

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- 2) Qualifications for a homemaker supervisor shall include:
  - A) a high school diploma or general education diploma; or
  - B) two (2) years of documented prior supervised homemaker/chore-housekeeping direct service work experience in the Community Care Program (CCP) or in a comparable human service program or for a dependent child or adult family member.
- b) Homemaker Staff
  - 1) Activities of homemaker staff include the following:
    - A) following a client's written plan of care;
    - B) carrying out duties as assigned by the supervisor;
    - C) observing the client's functioning and reporting to the homemaker supervisor;
    - D) providing necessary receipts and documentation in the conduct of essential shopping/errands;
    - E) maintaining records of daily activities, observations, and direct hours of service; and
    - F) attending initial training, in-service training sessions and staff conferences.
  - 2) Qualifications of a homemaker shall include:
    - A) a high school diploma or general education diploma; or
    - B) one (1)-year of documented prior supervised homemaker/chore-housekeeping direct service work experience in the CCP, or in a comparable human service program, or for a dependent child or adult family member; or
    - C) demonstrate continued progress towards meeting



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the educational requirement of a general education diploma by current registration and evidence of successful completion of course work (successful completion means achievement of a grade of "C" or higher); ~~and~~

D) have a basic knowledge of home management skills; and

E) in addition:

i) new employees shall receive ~~15~~<sup>15</sup>~~fifteen~~ <sup>(15)</sup> hours of initial face-to-face training excluding agency orientation, prior to assignment to provide services to a CCP client without a supervisor or trainer present (not to exceed a ~~six~~<sup>six</sup> ~~(6)~~ month period from said training to first assignment);

ii) initial training may be exempt if a worker has had previous documented and supervised training within the past ~~two~~<sup>two</sup> ~~(2)~~ years prior to this employment, equivalent to ~~15~~<sup>15</sup>~~fifteen~~ <sup>(15)</sup> hours, ~~and/or has successfully completed RN, LPN or CNA training in the past and has been employed in the field within the past 2 years; and~~

iii) thereafter, a minimum of ~~3~~<sup>three</sup> ~~(3)~~ hours per calendar quarter of face-to-face in-service training shall be mandatory for all workers. Initial training shall fulfill the first quarter in-service training requirement for new employees except when the initial training is exempt for previous documented and supervised training as described in subsection 240.1535(b)(2)(E)(ii) above. Training hours in excess of 3 hours may be carried forward to satisfy training requirements in the following quarter(s).

(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 240.1540 General Chore-Housekeeping Staffing Requirements

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Each chore-housekeeping provider~~vendor~~ shall have specified staff to carry out the following functions:

a) There shall be designated individual who has responsibility for administration of the Community Care Program (CCP) chore-housekeeping program.

b) There shall be qualified chore-housekeeping staff to meet the needs of all cases referred for the provision of chore-housekeeping services. In determining what services are sufficient, the Department will look to whether chore-housekeeping services are adequate. Inadequate chore-housekeeping services are characterized by delays or interruptions in the provision of chore-housekeeping services or by failure to provide chore-housekeeping services as required by the plan of care.

c) The chore-housekeeping provider~~vendor~~ shall assign responsibilities to staff which include the following:

1) Planning and administration of the chore-housekeeping program; assuring adequate staff to provide required services; serving as liaison between staff and the community; implementing policies according to regulations promulgated by the Department which govern the program; and recruiting, training and supervising staff.

2) Supervision of workers which is to be accomplished by qualified staff who have responsibility to ensure that the workers are scheduled and that assignments are kept.

~~The vendor shall maintain a minimum of one (1) full time equivalent (FTE) supervisory employee for every thirty (30) full time equivalent (FTE) chore housekeepers.~~

d) Chore-housekeeping providers~~vendors~~ shall not subcontract for management, supervisory or chore-housekeeping staff personnel.

(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 240.1545 Chore-Housekeeping Staff Positions, Qualifications and Responsibilities

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## a) Chore-housekeeping Supervisor

- 1) Activities of a chore-housekeeping supervisor shall include:
  - A) documenting client contacts and activities related to client services in the client's file~~Case Record Recording Sheet~~;
  - B) responsibility for preparing or reviewing reports and service calendars;
  - C) monitoring the service components of receipt procedures in the conduct of essential shopping and errands as stated in the plan of care;
  - D) providing input to the case manager on the services that are needed for each client as a result of conferences with the chore-housekeeper or on-site home visits;
  - E) planning, preparing and documenting weekly ~~verbal~~ contact and quarterly ~~face-to-face~~ worker conferences with each assigned chore-housekeeper;
  - F) annual evaluation of each assigned chore-housekeeper;
  - G) coordinating the chore-housekeepers' activities with other components of the plan of care as required;
  - H) making and documenting semi-annual in-home supervisory visits for each client served by the chore-housekeeper assigned ~~chore housekeeper~~;
  - I) making home visits, as necessary, to provide hands-on training and assistance; ~~and~~
  - J) participating in client staffing discussions with the case manager, as necessary.
- 2) Qualifications for a chore-housekeeping supervisor shall include:

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- A) a high school diploma or general education diploma; or
  - B) one ~~(1)~~-year of documented prior supervised ~~homemaker/chore-housekeeping direct service~~ work experience in the Community Care Program (CCP), ~~or~~ in a comparable human service program, or for a dependent child or adult family member.
- b) Chore-housekeeping Staff
- 1) Activities of chore-housekeeping staff shall include:
    - A) following a client's written plan of care;
    - B) carrying out duties as assigned by the supervisor;
    - C) maintaining records of daily activities, observations, and direct hours of service;
    - D) observing the client's functioning and reporting ~~on each~~ to the chore-housekeeping supervisor;
    - E) providing necessary receipts and documentation in the conduct of essential shopping/errands; and
    - F) attending initial training, in-service training sessions and staff conferences.
  - 2) Qualifications of a chore-housekeeper shall include:
    - A) housekeeping skills;
    - B) exhibition of a positive attitude towards the elderly or impaired;
    - C) the ability to communicate effectively;
    - D) the ability to follow oral and/or written directions;



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E) the ability to be responsible for and account for the client's money in order to provide the necessary shopping/errand component; and

F) in addition:

i) new employees shall receive 12~~twelve~~ (12) hours of initial face-to-face training, excluding agency orientation, prior to assignment to provide services to a CCP client without a supervisor or trainer present (not to exceed a 6~~six~~ (6) month period from training to first assignment);

ii) initial training may be exempt if the worker has had previous documented and supervised training within the past 2~~two~~ (2) years prior to this employment, equivalent to 12~~twelve~~ (12) hours; or has successfully completed RN, LPN or CNA training in the past and has been employed in the field within the past 2 years; and

iii) thereafter, a minimum of 3~~three~~ (3) hours per calendar quarter of face-to-face in-service training shall be mandatory for all workers. Initial training shall fulfill the first quarter in-service training requirement for new employees except when the initial training is exempt for previous documented and supervised training as described in subsection 240.1545(ii) above. Training hours in excess of 3 hours may be carried forward to satisfy training requirements in the following quarter(s).

(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 240.1550 Standard Requirements for Adult Day Care  
Providers~~Vendors~~

a) An adult day care provider~~vendor~~ shall carry general~~public~~ liability insurance in the single limit minimum amount of \$100,000 per occurrence. Policies,

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certificates of insurance or current letters documenting all insurance coverages shall be available at the adult day care site.

b) Each provider~~vendor~~ shall also carry the following insurance coverages:

1) facility insurance;

2) insurance on program drivers;

3) general liability;

4) property and theft coverage;

15) motor vehicle liability, uninsured motorist, and medical payments; ~~comprehensive and collision, public liability and property damage, medical coverage;~~

26) volunteer protection (especially coverage for volunteer driver/escort(s) equivalent to employees).

c) An adult day care provider~~vendor~~ shall have on file and utilize written procedures to:

1) Store and lock medications.

2) Label medications brought to the adult day care center.

3) Ensure that:

A) prescribed medication is administered by a licensed professional to those adult day care clients who are determined unable to self-administer medications;

B) judgment of a client's inability to self-administer medications shall be documented by physician's order/the Case Coordination Unit (CCU) plan of care;

C) administration of all medications (prescription and non-prescription) are recorded in the client's case record; and



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D) physician orders for medication are utilized and filed in the client's case record.

d) A facility which houses an adult day care program (including satellite sites) shall meet the following criteria:

- 1) A separate identifiable area must be designated for sole use by the adult day care program, and a schedule established and posted for usage of any common program areas shared with other programs.
- 2) There shall be a minimum of 40 square feet of activity area per client. (Multiple-use areas must be pro-rated on both time and client basis.) The activity area in the square feet per client requirement is exclusive of exit passages and fire escapes, administrative space, storage areas, bathrooms, kitchen, space required for equipment and gymnasiums or other areas when used exclusively for active sports. An adult day care site cannot exceed the daily census maximum space requirement.
- 3) All adult day care providers shall comply with the applicable provisions of the following codes and standards. Any incorporation by reference in this Section of these rules or regulations of any agency of the United States or of any standard of a nationally recognized organization or association includes no new amendments or editions made after the date specified.

A)	State of Illinois Codes and Standards	Code or Standards	Agency
i)	Ill. Plumbing Code, as amended (1991) (1983) (77 Ill. Adm. Code 890)	Ill. Plumbing Code, as amended (1991) (1983) (77 Ill. Adm. Code 890)	Department of Public Health, Environmental Health Protection or their authorized local designee
ii)	Accessibility Standards Illustrated	Accessibility Standards Illustrated	Capital Development Board

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as adopted pursuant to enactment of the Environmental Barriers Act (1985)

NOTE: It shall be incumbent upon the provider to assure that their facility meets all applicable requirements as promulgated by the Capital Development Board. (No written documentation thereof shall be required.)

iii)	Fire Prevention and Safety (1983) (41 Ill. Adm. Code 100)	Office of State Fire Marshal
iiiiv)	Illinois Vehicle Code, as amended (1991) (1986)	Secretary of State of Illinois
ivv)	Food Service Sanitation (1991) (1983) (77 Ill. Adm. Code 750)	Department of Public Health, Environmental Health Protection or their authorized local designee
vvi)	Illinois Human Rights Act (Ill. Rev. Stat. 1991) (1987, ch. 68, par. 1-101 et seq.)	Department of Human Rights
B)	Other Codes and References	
i)	National Fire Protection Association (NFPA 101 Life Safety Code, 1988) (1985 edition: Chapter 10, Section 7 and Chapter 11,	National Fire Protection Association and Office of State Fire Marshal shall inspect



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- ii) Recommended Dietary Allowances of Sciences 10th~~9th~~ Revised Edition (1980~~+~~)

C) In addition to compliance with the standards set forth herein, all applicable local and state building, fire, health and safety codes, ordinances and regulations which are enforced by city, county or other local jurisdictions in which the facility is, or will be, located must be observed and documented through required inspections by appropriate officials.

- 4) Each facility shall have posted an emergency plan for evacuation and shall conduct quarterly fire drills in accordance with subsection 240.1550(d)(3)(A)(iii). Documentation of the dates of the fire drills must be on file at the facility.
- 5) Each facility shall maintain room temperatures in the facility of not less than 70 degrees Fahrenheit and not more than 85 degrees Fahrenheit by utilizing heating system/air conditioning/circulating fans.
- 6) Each facility shall designate a dining area (equipped with a sufficient number of chairs and table space) to accommodate the daily number of clients.
- 7) Each facility shall have at least: one (1) handicapped-accessible bathroom facility for up to 12~~twelve~~ (12) clients and a minimum of 2~~two~~ (2) bathroom facilities (one handicapped accessible) to serve 13~~thirteen~~ (13) or more clients.
- 8) Each facility shall have space for office equipment and storage of supplies.
- 9) Hot water temperatures shall be controlled to not exceed 119 degrees but not less than 99 degrees Fahrenheit in the bathroom facilities to prevent scalding.

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- 10) Clients shall not be allowed in the kitchen if water temperatures are not controlled as required in subsection 240.1550(d)(9) above or when a microwave oven is in use. Microwave ovens should not be operated in the client activity area. Clients should not be allowed in other areas where supplies/medications are stored unless supervised or when a microwave oven is in use.
- 11) Each facility shall have at least one quiet place equipped with a reclining chair, cot or bed where a client may rest.
- 12) Exit areas shall be clear of equipment and debris at all times.
- 13) One telephone shall be immediately available within the client activity area. A list of emergency numbers shall be posted by the telephone.
- 14) Supplies and equipment for emergency first aid shall be located in the client activity area.
  - e) An adult day care provider~~vendor~~ (including each satellite site) shall meet the following criteria relative to meals provided to clients (prepared on-site or contractual):
    - 1) The adult day care provider~~vendor~~ shall provide to each client one meal at mid-day meeting at least one-third (1/3) of the adult "Recommended Dietary Allowances" established by the Food and Nutrition Board of the National Research Council - National Academy of Sciences (10th~~9th~~ Revised Edition 1980). Supplementary nutritious snacks shall also be provided. The adult day care provider~~vendor~~ shall provide special diets as directed by the client's physician.
    - 2) Adult day care providers~~vendors~~ (whether meals are prepared on-site or contractually) shall:
      - A) Have menus approved and so documented by the registered dietitian.
      - B) Post menus in advance in a location visible to the client(s) within the day care center.



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- C) Assure that menus are planned for a minimum of four weeks on a menu form.
- D) Develop methods and follow written procedures to control portion sizes and to meet the one-third (1/3) daily recommended dietary allowances. (Refer to see subsection 240.1550(d)(3)(B)(ii) above).
- E) One employee at each day care site either handling/preparing or supervising the handling/preparing of foods shall meet be certified in Food Service Sanitation guidelines issued by the Illinois Department of Public Health.
- F) Have on file, and available for review, and follow written procedures for receiving and storing food which must include:
- i) verification of food quantities;
  - ii) checking and documentation of food temperatures at time of delivery and serving;
  - iii) equipment to be utilized;
  - iv) procedures to follow for foods that arrive above or below temperature, deteriorated food and food shortages.
- G) Ensure that catered meals are transported in equipment that maintains temperatures of hot food at 140 degrees Fahrenheit or above and cold foods at 45 degrees Fahrenheit, or below. Foods shall be maintained and served at the above temperatures at the adult day care site.
- H) Ensure that all foods prepared on-site shall be maintained and served at 140 degrees Fahrenheit or above for hot foods and 45 degrees Fahrenheit or below for cold foods.
- I) Ensure that potentially hazardous foods (i.e., food that consists in whole or in part of milk, milk products, eggs, meat, poultry,

fish, shellfish, edible crustacea, or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms) intended to be served cold shall be transported/maintained at a temperature of 45 degrees Fahrenheit or below.

- J) If food is prepared by a caterer, ~~ensure~~ that the registered dietitian has inspected the caterer's location and receives documentation that the caterer's operation complies with all health, sanitary and safety regulations. The adult day care provider shall keep a copy of the current caterer's inspection certificates/letters on file.

- K) ~~The adult day care vendor shall keep a copy of the current caterer's inspection certificates/letters on file.~~

(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 240.1555 General Adult Day Care Staffing Requirements

- a) Each adult day care ~~provider~~ shall have adequate personnel in number and skill (a minimum of two staff persons) at the adult day care site at ~~all times~~ 29 to provide for:
- 1) continuity of direction and supervision;
  - 2) nursing and personal care services and dispensing medications if appropriate;
  - 3) nutritional services;
  - 4) planned therapeutic/recreational activities;
  - 5) obtaining prompt services of emergency personnel and hospitalization, if needed;
  - 6) immediately notifying the client's authorized representative or family member of any illness, accident or injury to the participant;
  - 7) provision/arrangement of transportation services to



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and from the adult day care site; and

8) adequate record keeping.

b) There shall be qualified adult day care staff to meet the needs of all cases referred for the provision of adult day care services. In determining what services are sufficient, the Department will look to whether adult day care services are adequate. Inadequate adult day care services would be those services characterized by delays or interruptions in adult day care service or by failure to provide adult day care service as required by the Client Agreement - Plan of Care. An adult day care site cannot exceed the daily census maximum space requirement.

c) The minimum ratio of full-time staff (qualified day care staff, trained volunteers or substitutes) or full-time equivalent (FTE) staff present at the adult day care site to clients, when clients are in attendance, shall be:

1) Ratio of full-time or FTE staff to clients:

Staff	Clients
2	01 to 12
3	13 to 20
4	21 to 28
5	29 to 35
6	36 to 45

2) Add one (1)-additional staff person for each seven (7) additional clients.

3) Fifty percent or more of a staff member's time shall be spent in on-site service or supervision on behalf of one or more clients in order to be considered in the ratio.

d) ~~When a staff person is fulfilling more than one position (or function) with the adult day care program, that person must fulfill the prescribed amount of time as outlined in the respective job descriptions for each position, e.g., administrator 1/2 time; program nurse, 1/2 time.~~

de) Each adult day care employee shall have:

1) Initial training totaling a minimum of 12 ~~twelve~~ (12) hours face-to-face within the first week of employment (exclusive of orientation). Initial training may be exempt if a worker has had previous documented and supervised training, with another CCP contracted agency, or in a related field, within the past two (2) years prior to this employment equivalent to 12 ~~twelve~~ (12) hours or holds a C.N.A., R.N., L.P.N., B.A., B.S., B.S.W., or higher degrees.

2) A minimum of 12 ~~three~~ (3) hours face-to-face per calendar year ~~quarter~~ of in-service training shall be mandatory for all adult day care employees. Initial training shall fulfill the first ~~quarter~~ in-service training requirement for new employees except when the initial training is exempt for previous documented and supervised training as described in subsection 240.1555 (1) above.

(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

# Section 240.1560 Adult Day Care Staff Positions, Qualifications and Responsibilities

a) The following staff shall be required of all adult day care providers ~~vendors~~ (with specified exceptions):

1) An Adult Day Care Program Administrator shall:

A) Meet the following qualifications:

i) have a bachelor's degree in a health or human services or related field (including social or health sciences, public administration or physical education) or be a Registered Nurse or Health Services Administrator or

ii) an adult day care program administrator working in that capacity since July 1, 1985, and continuously since that date, must meet the above requirement, or demonstrate one years of experience in a program serving the elderly for each year of education being replaced (up to four) or demonstrate



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continual progress towards meeting the educational requirements by current registration and evidence of successful completion of course work in an accredited junior college, college or university for at least ~~two~~ three (2) semesters (or ~~three~~ four quarters) of each academic year. (Successful completion means achievement of a grade of "C" or higher in undergraduate course work and a grade of "B" or higher in graduate course work.)

B) Be responsible for the overall conduct and management of the adult day care program, including:

- i) directing and supervising all aspects of the program;
- ii) supervision of the Program Coordinator/Director;
- iii) fiscal administration;
- iv) evaluation of the program and staff;
- v) community relations.

C) The responsibilities of the Administrator may be performed by the Program Coordinator/Director. If the Administrator's function is also performed by the Program Coordinator/Director, only the qualification requirements for Program Coordinator/Director apply.

2) An Adult Day Care Program Coordinator/Director shall:

A) Meet the following qualifications:

- i) have a bachelor's degree in health or human services social or health sciences or physical education, or related field; or

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ii) be a registered nurse; or

iii) ~~An adult day care Program Coordinator/Director working in that capacity since July 1, 1985, and continuously since that date, must meet the above requirement or demonstrate 2 years of work experience in a program serving the elderly for each year of education being replaced (up to 4 years), or demonstrate continual progress toward meeting the educational requirements by current registration and evidence of successful completion of course work in an accredited junior college, college, or university for at least ~~two~~ three (2) semesters (or ~~three~~ four quarters) of each academic year. (Successful completion means achievement of a grade of "C" or higher in undergraduate course work and a grade of "B" or higher in graduate course work.)~~

B) ~~Be a full time staff person and shall have the following responsibilities:~~

- i) assuming responsibility for the program in the absence of the Program Administrator;
- ii) being present at the adult day care center at all times during program hours or designating an alternate who meets the requirements in subsection 240.1560(a)(2)(A) above;
- iii) having responsibility for the development and quarterly monitoring of the individual specialized adult day care plan of care for each client;
- iv) coordinating and participating in the quarterly review of each client's specialized plan of care and ensuring documentation of the quarterly review;
- v) developing and implementing activities



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for an educational, recreational, and social program which meets the individual needs of each client;

vi) recording client's progress or reviewing client's progress as recorded by other staff in the client's case record;

vii) annual evaluation of staff.

3) A program nurse shall:

A) be a Registered Nurse (R.N.) licensed by the State of Illinois; or

B) be a Licensed Practical Nurse (L.P.N.) licensed by the State of Illinois under the supervision of an R.N.; and

C) be at least one-half (1/2)-time full-time equivalent (FTE) when clients are in attendance on a daily basis, on staff or contractual, and shall have the following responsibilities:

i) providing/supervising the health service component provided at the adult day care site;

ii) developing health care services to meet the needs cited in each client's individualized plan of care;

iii) administering and supervising medications;

iv) recording each client's progress in the client's case record to include quarterly review meeting recordings;

v) participating in the quarterly review of each client's individualized plan of care;

vi) providing health related personal care training to all staff in the care of clients (e.g., transferring).

D) The responsibilities of program nurse may be performed by the Program Coordinator/Director or Administrator. If the Program Nurse function is performed by the Program Administrator or Program Coordinator/Director, that person must be full time, must meet the qualifications for a program nurse and fulfill responsibilities for all assigned positions.

4) A transportation Driver/Escort (provider/vendor employed or contractual) for those adult day care contractors who provide the transportation service component shall meet all applicable requirements of the Illinois Vehicle Code (Ill. Rev. Stat. 1991-1987, ch. 95 1/2, par. 1-100 et seq.).

5) Nutrition Staff shall:

A) meet the following qualifications:

i) at least one staff member handling/preparing feeds at the adult day care site must meet Food Service Sanitation guidelines issued by have certification from the Department of Public Health as a Certified Food Handler;

ii) a Nutrition Consultant shall be a registered member of the American Dietetic Association with experience in an agency setting, paid or in-kind.

B) Provide daily meals meeting requirements specified in Section 240.230(a)(5).

C) The Nutrition Consultant/Dietitian shall approve menus for adult day care provider/vendors to meet requirements stated in subsection 240.1560(B) above.

b) The following optional staff, either contractual or employed by an adult day care provider/vendor, shall meet the specified qualifications and have the specified responsibilities:

1) A Social Service Worker shall be under the



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direction of the Program Coordinator/Director and shall:

- A) possess a Bachelor's degree in Social Work or a related field and have at least one year's work experience, preferably with programs for the elderly and disabled.
- B) have responsibilities including:
  - i) providing/supervising social work services;
  - ii) developing the social work service plan component of the individualized plan of care;
  - iii) monitoring and recording the client's progress in the case record of each client;
  - iv) identifying special needs of each client for additional social or mental health needs and assisting in their arrangement;

## 2) Program Aides shall:

- A) have a high school diploma or general education diploma, or ~~two~~ (2) years of prior documented experience working in programs for the elderly, or demonstrate continued progress towards meeting the educational requirement of a general education diploma by current registration and evidence of successful completion of course work (successful completion means achievement of a grade of "C" or higher);

## B) have the following responsibilities:

- i) assisting in individual and group programming and one-to-one relationships with the clients;
- ii) ~~assuming~~ responsibility for a group of clients (under supervision of the Program Coordinator).

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- iii) participating in the quarterly review of each client's individualized plan of care.

## 3) A medical consultant shall:

- A) be a medical doctor (M.D.) licensed to practice medicine by the State of Illinois;
- B) be available to provide direct medical care or consultation services, as needed or requested.

## 4) A rehabilitation consultant shall:

- A) have a bachelor's degree from an accredited program;
- B) be licensed, registered or certified in accordance with requirements of the State of Illinois;
- C) be available to provide service directly or on a consultation basis.

- c) The following requirements shall apply to substitutes for staff positions and to volunteers utilized by an adult day care provider~~provider~~:

- 1) the adult day care provider~~provider~~ shall have on file information documenting the same personal, health, administrative and professional qualifications for substitutes as are required of staff for whom they act as substitutes;

- 2) persons agreeing to be available as substitutes or for use in emergencies shall sign a written statement kept on file at the adult day care center, certifying to their availability and agreement to serve in the particular capacity. The file of each person serving in this capacity shall contain such a statement for each calendar year of availability;

- 3) volunteers shall complete an application indicating their reason for participation in the program, special skills, and an assurance of freedom from communicable disease~~a self-declaration of good~~



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health based on a physical examination within the last two (2) years;

- 4) volunteers may serve in any capacity for which they are qualified (refer to see subsection 240.1560(c)(1) above);
- 5) substitutes and volunteers shall be supervised by the staff person supervising the function to which the volunteer or substitute is assigned;
- 6) substitutes and volunteers who are not used to meet program requirements are exempt from ~~shall have~~ two (2) hours initial and in-service training requirements.

(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 240.1565 Adult Day Care Satellite Sites

- a) Due to the entitlement nature of the Community Care Program (CCP), an adult day care facility may have more clients referred to that facility than the available space allows (daily census maximum) (Refer to see Section 240.1550.) When this occurs the adult day care provider ~~has~~ two options:

- 1) Advise the Case Coordination Unit (CCU) that such a situation is imminent and request suspension of referrals; or
- 2) Request, in writing, authorization from the Department to develop a satellite site in the same geographic contractual area.
- b) If an adult day care provider ~~advises~~ the CCU of the imminence of its facility reaching the daily census maximum and the provider ~~states~~ that it does not wish to expand and open a satellite site, the CCU shall immediately advise the Department in writing.
- 1) The Department may issue a Request for Proposal (RFP) for an additional provider ~~in the same~~ geographic area at the next appropriate RFP solicitation.
- 2) The contract of the adult day care provider ~~has~~

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choosing not to open a satellite site shall in no way be affected by the issuance of an RFP/subsequent contract with an additional provider ~~vendor~~.

- c) The Department will conduct an on-site review of the satellite site within the first two ~~(2)~~ month period of service provision at the site.
- d) Upon confirmation of compliance to the contract, rules and procedures, the satellite site will be given written authorization/approval.
- 1) An amendment will be executed to the contract to reflect this authorization/approval.
- 2) Authorization/approval shall terminate no later than the date the original contract terminates upon which authorization was based.

(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 240.1570 Adult Day Care Service Availability Expansion

- a) A Community Care Program (CCP) adult day care client may be allowed access to CCP adult day care services in a service area in which the client does not reside (outlying service area) upon receipt of written approval to the Case Coordination Unit (CCU) by the Department ~~under the following circumstances:~~

- 1) the CCU has determined that the needs of the client may best be served by a provider in an outlying service area adult day care services are appropriate for the client; and
- 2) the geographic area in which client resides does not have a provider of the needed ~~has no available adult day care services;~~ or
- 3) the client may be provided with adult day care services more conveniently/appropriately by a CCP provider ~~adult day care vendor~~ in an outlying service area for the following reasons:
  - A) the authorized CCP provider ~~adult day care vendor~~ in the client's service area has



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reached the daily census-maximum capacity, and have approval to not accept new clients, and/or is unable to provide a service without delay and/or interruption; ~~and does not wish to establish a satellite site.~~

B) optional ~~adult day care~~ service components required by the client are unavailable from the CCP authorized ~~provider~~ in the client's service area but are available from a CCP authorized ~~provider~~ ~~adult day care vendor~~ in another service area; or

C) ~~transportation~~ can be more conveniently arranged to a CCP authorized ~~provider~~ in another service area (adult day care only); or

D) special needs of the client (e.g., language-appropriate workers) can only be met by a CCP authorized provider in another service area.

4) The CCP authorized provider in the outlying service area is able to provide the service required without delays/interruptions to the referred client.

4) ~~there is a CCP authorized adult day care vendor in an outlying service area whose daily census maximum will allow additional referrals of clients.~~

b) A request by a client to receive CCP adult day care services in an outlying service area is inappropriate if the client refuses to accept CCP adult day care services deemed appropriate by the CCU in the client's service area. In this instance, service will be denied or terminated as appropriate.

e) ~~Department approval of a request for adult day care service availability expansion shall remain in effect from the date of the Department's notice of approval of the referral until one of the following occurs:~~

1) ~~adult day care services to the referred client are terminated for any reason;~~

2) ~~the receiving vendor's contract with the Department to provide adult day care services is terminated;~~

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3) ~~as the result of solicitation for proposals to provide adult day care service in the client's service area, a contract is issued and the service is appropriate for the client.~~

c) If a provider's ~~adult day care~~ contract period is extended in writing by the Department, approval of the adult day care service availability expansion is also extended for the same effective period.

(Source: Amended at 16 Ill. Reg. \_\_\_\_, effective \_\_\_\_)

## Section 240.1575 Adult Day Care Site Relocation

a) A Community Care Program (CCP) adult day care ~~provider~~ may need to relocate its primary or approved satellite site for the following reasons:

1) an emergency (e.g., flood, fire, etc.) may require that the site be moved;

2) a temporary situation may require a temporary move (e.g., building or plumbing repairs needed, etc.);

3) the ~~provider~~ may wish to update the site by relocation to increase the available space or may be required to relocate because of loss of lease, etc.

b) Any CCP adult day care ~~provider~~ intending to relocate its primary or satellite site shall obtain written approval of the new facility from the Department.

1) For all reasons for relocation except an emergency:

A) the ~~provider~~ shall file a letter of intent to relocate, providing detailed information including the reason for the relocation, the proposed relocation site and assurance that requirements specified in subsections 240.1575(B)(i) and 240.1575(B)(ii) below are met.

B) the letter of intent to relocate shall be received by the Department at least ~~30thirty~~ (30) calendar days prior to the anticipated date of the proposed relocation.



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- i) The proposed facility shall meet all CCP standards, and Federal, State and local codes as set forth in Section 240.1550.
- ii) The provider shall assure the Department that service to the provider's CCP clients will be uninterrupted.

- iii) A request for a contract amendment may be made by the provider if the relocation affects the designated address to which the Department mails its correspondence, etc. to the provider.

- c) ~~Within ten (10) work days from the date of receipt of the letter of intent to relocate, the Department shall provide the vendor with written acknowledgement of the receipt thereof.~~

- CP) Approval of the relocation shall be based upon the information required by the Department and the results of an on-site visit and review of the facility by the Department (refer to see Section 240.1550).

- i) ~~Within five (5) work days from the date of the written acknowledgement, the Department shall contact the vendor to schedule an on-site visit and review of the proposed facility.~~

- ii) ~~The on-site visit and review shall occur no sooner than thirty (30) calendar days and no later than forty five (45) calendar days from the date of the written acknowledgement by the Department.~~

- 2) When any emergency requires relocation of an adult day care site the provider shall immediately notify the Department.

(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 240.1580 Standards for Alternative Providers

- a) In the event that Community Care Program (CCP) services are not provided to an eligible applicant within the time limit specified in Section 240.910, the eligible applicant may arrange to receive the amount and type of CCP services for which he or she has been determined eligible from an individual or a home care agency of the eligible applicant's choice ~~15 fifteen~~ (15) calendar days from the date of the notice of eligibility. The Case Coordination Unit (CCU) shall approve the applicant's choice of individual or home care agency for services to be provided.
- b) If there is an interruption of services provided to a client due to the failure of a contractual provider to provide such services, the CCU shall assist the client in locating an individual or home care agency.
- c) The Department shall authorize the individual or home care agency and shall guarantee a minimum of ~~15 fifteen~~ (15) calendar days of service provided by such alternative provider, if at the request of the alternative provider.
- d) The Department shall make payment on a monthly basis for such services at the rate which would have been paid an individual provider, if an individual is selected by the eligible applicant/client; or at the usual and customary rate of the home care agency/provider chosen by the eligible applicant/client to provide this service, if a home care agency is selected by the eligible applicant/client.
- e) Payment shall continue, in accordance with subsection 240.1580(c) above, only until such time as the Department's contractual provider initiates provision of CCP services to the client, at which time service by the alternative provider shall be immediately terminated. The CCU shall verbally notify the alternative provider and the client of the date upon which service shall be initiated by the Department's contractual provider.
- f) Request for payment for services rendered by an individual alternative provider shall be submitted to the Department by the individual providing the service.



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- g) Payment for services rendered by a home care agency of the eligible applicant's/client's choice shall be made by the Department following submittal by the agency and processing by the Department of billing forms provided to the agency by the Department.
- h) Payment shall be authorized in compliance with "AN ACT to require prompt payment by the State of Illinois for goods or services" (Ill. Rev. Stat. 1991987, ch. 127, pars. 132.401 et seq.).
- i) The Department shall be liable for its share of the cost of CCP services, as determined in accordance with Sections 240.855 and 240.870.
- j) The payment for the monthly expense for care incurred by the client for CCP Alternative Provider services shall be the responsibility of the client as set forth in Section 240.875.

(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 240.1590 Standard Requirements for Individual Chore-keeping Provider Services

- a) All determinations and redeterminations of eligibility shall be made by the appropriate Case Coordination Unit (CCU) at least once a year or as requested by the client, the client's authorized representative, the client's physician, provider or Department staff.
- b) Individual providers shall follow the plan of care developed by Department staff.
- c) Individual providers shall be evaluated by the CCU as to their ability to provide needed services through quality of work and dependability.
- d) Qualifications for an individual chore-housekeeping provider shall include:
- 1) Be at least 18 years of age;
  - 2) Not be the spouse of a client;
  - 3) Not be the parent of the client who is a dependent child;

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- 4) Must demonstrate skills necessary to follow the written plan of care.
- ed) The Department may recommend that a client receiving individual provider chore-housekeeping service be transferred to an authorized provider for such services, if the Department staff determine one or more of the following:
- 1) potential abuse is noted; or
  - 2) the household employee is not meeting the client's needs as established in the Client Agreement - Plan of Care; or
  - 3) there is a high turnover of household employees; or
  - 4) the client cannot find a household employee.
- fe) Such determination by Department staff may be made as a result of a telephone or written inquiry or complaint to the Department from any of the following:
- 1) the client;
  - 2) the client's Physician/Nurse Practitioner/Registered Nurse/Christian Science Practitioner;
  - 3) the Case Coordination Unit (CCU).
- gf) Transfer to an authorized provider will be based on the following considerations:
- 1) whether the client, if transferred, will lose sufficient hours of service, based upon the Determination of Need through the eligibility process, which may place the client at very high risk; or
  - 2) whether a relative (other than a spouse or a parent) is the individual chore-housekeeping provider, and/or if the client, for other reasons, wants to keep the employee, but the provider may not be able to hire the employee.
- hg) If, during the Determination of Need process, the CCU



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believes that the client may need a combination of services (such as chore-housekeeping and adult day care), the CCU shall recommend the combined service provision to the Department. The Department shall determine whether the combination of services of the individual chore-housekeeping provider and provider is appropriate or whether it is more appropriate to transfer the client from individual chore-housekeeping provider services to a provider(s)/vendor(s) for all services.

- i) Payment for services provided by an individual chore-housekeeper provider shall be made by the Department on behalf of the client.
- j) Payment shall be in compliance with "AN ACT to require prompt payments by the State of Illinois for goods or services" (Ill. Rev. Stat. 1991-1987, ch. 127, pars. 132.401 et seq.).

(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART R: ADVISORY COMMITTEES

Section 240.1800 Community Care Program (CCP) Policy Advisory Committee

- a) The Director shall appoint individuals to serve in an advisory capacity to the Department to identify present and potential policy issues, including rates of reimbursement for services provided under the CCP, affecting the Community Care Program (CCP) service delivery network, and to recommend solution strategies.

- b) Representatives will be appointed with the following considerations:

- 1) the agency's/applicant's experience (years) in the Community Care Program (CCP).
- 2) geographic representation;
- 3) homemaker, chore-housekeeping, adult day care and case coordination unit representation as well as representatives from the service worker union, and Area Agencies on Aging;
- 4) at least 2 non-provider representatives from

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policy/advocacy/other services/research organizations; and

- 5) willingness to serve.

- b) Representatives will be appointed as follows from the service network:

- 1) four (4) Case Coordination Unit representatives;
- 2) two (2) adult day care representatives;
- 3) two (2) homemaker representatives;
- 4) two (2) chore housekeeping representatives;
- 5) two (2) Area Agency on Aging representatives;
- 6) two (2) demonstration/research project representatives;
- 7) two (2) non provider representatives from policy/advocacy/research organizations;
- 8) one (1) service worker union representative.

- c) A total of 20 individuals may not serve in more than one capacity on the Committee, so that seventeen (17) individuals will serve in this advisory capacity.

- d) Representatives will be appointed by the Director. Nominations may be presented from any agency or state association with interest in the CCP. Selections will be based on geographic representativeness and experience in the CCP and willingness to serve.

- e) The Director, or designee, will serve as permanent Co-Chair(s) of the Community Care Program (CCP) Policy Advisory Committee.

- f) The Director will designate Department staff to provide technical assistance and staff support to the Committee. Department representation will not constitute membership on the Community Care Program (CCP) Policy Advisory Committee.



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g) Initial terms of appointment will be for either ~~two (2)~~ or ~~three (3)~~ years. Subsequent appointments will be for a single ~~two (2)~~ year term. At no time can a member serve more than ~~one second~~ consecutive term in any capacity on the Committee.

h) The Department will fill vacancies that have a remaining term of over one (1)-year, and this replacement will occur through the annual replacement of expiring terms.

i) ~~The Committee will meet at least semi-annually, once in September and once in March.~~

j) ~~The Committee may request the Director as Chair, in writing, to schedule a meeting at any time during the calendar year in addition to the above prescribed times. The Director, as Chair, will take such a request under advisement, and may schedule additional meetings not to exceed a total of four (4) meetings in the calendar year.~~

k) All papers, issues, reports and meeting memoranda will be advisory only. The Director, or designee Chair, will make a written response/report, as requested, regarding issues before the Community Care Program (CCP) Policy Advisory Committee.

l) The Director retains full decision making authority on the Community Care Program regarding any recommendations presented by the Community Care Program (CCP) Policy Advisory Committee recommendations.

m) ~~Members of the Policy Advisory Committee shall not concurrently serve on the Technical Rate Review Advisory Committee (see Section 240.1850).~~

(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 240.1850 Technical Rate Review Advisory Committee  
(Repealed)

a) ~~The Director will appoint a Technical Rate Review Advisory Committee to evaluate and advise on a rate methodology for establishing fair and equitable rates of reimbursement for services provided under the Community Care Program.~~

b) ~~The Committee will advise the Department on methodology~~

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based on the rules, policies and procedures of the Community Care Program, comparative market place conditions and current conditions of doing business.

e) ~~The Committee will advise the Department on homemaker, chore housekeeping, adult day care and case management rates.~~

d) ~~Representatives will be appointed with the following considerations:~~

1) ~~the agency's/applicant's experience (years) in the Community Care Program;~~

2) ~~the applicant's experience in budget development;~~

3) ~~the applicant's formal education in accounting/budgeting;~~

4) ~~geographic representation; and~~

5) ~~homemaker, chore housekeeping, adult day care and case coordination unit representation as well as one representative each from the service worker union and from an Area Agency on Aging; and~~

6) ~~willingness to serve.~~

e) ~~Twelve (12) representatives will be appointed by the Director. Nominations may be presented from any agency or state association with interest in the Community Care Program. Selections will be based upon the considerations as outlined in subsection (d) above.~~

f) ~~Three (3) representatives from other State departments will be appointed by the Director.~~

g) ~~Individuals may not serve in more than one capacity on the Committee, so that fifteen (15) individuals will serve in a rate review advisory capacity.~~

h) ~~The Director will designate Department staff to provide technical assistance and staff support to the Committee. Such Department representation will not constitute membership on the Technical Rate Review Advisory Committee.~~



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- i) ~~The Director will serve as permanent Chair of the Technical Rate Review Advisory Committee.~~
- j) ~~Initial terms of appointment will be for either two (2) or three (3) years. Subsequent appointments will be for a single two (2) year term. At no time can a member serve a second consecutive term in any capacity on the Committee.~~
- k) ~~The Department will fill vacancies that have a remaining term of appointment of over one (1) year, and this replacement will occur through the annual replacement of expiring terms.~~
- l) ~~The Committee will meet at least three (3) times in each calendar year, during the months of: January, March, and August.~~
- m) ~~The Committee may request the Chair, in writing, to schedule a meeting at any time during the calendar year in addition to the above prescribed times. The Director, as Chair, will take such a request under advisement, and may schedule additional meetings not to exceed a total of four (4) meetings in the calendar year.~~
- n) ~~All papers, issues, reports and meeting memoranda will be advisory only. The Director as Chair will make a written response/report, as requested, regarding issues before the Technical Rate Review Advisory Committee.~~
- o) ~~The Director retains full decision making authority on the Community Care Program regarding any recommendations of the Technical Rate Review Advisory Committee.~~
- p) ~~Members of this Committee shall not concurrently serve on the Policy Advisory Committee.~~

(Source: Repealed at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART T: FINANCIAL REPORTING

## Section 240.2020 Financial Reporting of Chore-Housekeeping and Homemaker Services

- a) ~~Provider/Vendor agencies will be required to submit two cost reports, the Direct Service Worker Cost Certification and Detailed Cost Certification, as~~

specified below. The reports must be based upon actual, documented expenditures.

- 1) ~~The reports must be submitted annually, within six months of the end of the reporting period, and may be prepared as a part of the provider's vendor's annual audit.~~
- 2) ~~The reports may be on either a calendar year basis or the provider's vendor's fiscal year (once a provider/vendor has elected to base the reports on a calendar or fiscal year, this election can be changed only upon written approval of the Department).~~
- b) ~~The first—cost report must demonstrate that the provider/vendor has expended a minimum of 73% of the total revenues due from the Department, to include the client incurred expense, for Direct Service worker costs as enumerated in Section 240.2050.~~
- c) ~~The second—cost report shall identify the provider's vendor's expenditures for Direct Service worker costs of Program Support costs, and Administrative costs as enumerated in Section 240.2050. This report shall be used by the Department as work papers in establishing statewide fixed unit rates of reimbursement.~~
- d) ~~The accuracy of these reports must be attested to by an authorized representative of the provider/vendor. In addition, as part of the audit requirement in Section 240-1520, the vendor must submit to the Department a Certified Public Accountant's (CPA's) opinion that the reports were prepared in accordance with generally accepted accounting principles and guidelines issued by the Department.~~
- 1) ~~The CPA's opinion on these statements may be limited to:~~
- A) ~~the vendor used acceptable accounting methods to allocate costs, and~~
- B) ~~the vendor's direct service worker costs are supported by vendor accounting records.~~
- 2) ~~The Department reserves the right to inspect the~~



e) The Department reserves the right to require the provider to engage an independent certified public accounting firm to verify the information and data submitted by the provider ~~provider~~ if the Department is in possession of evidence to suggest the information and data submitted is inaccurate, incomplete or fraudulent. This audit will be performed at the provider's ~~provider's~~ expense.

(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)  
Section 240.2050 Cost Categories for Chore-Housekeeping and Homemaker Services

~~Providers~~ of chore-housekeeping and homemaker services for which fixed rates are established will provide for cost reporting based on the following categories:

- a) Direct Service Worker costs (costs paid to or on behalf of direct service workers) which may include:
- 1) wages, time paid on behalf of the worker (i.e., vacation, sick leave, holiday and personal leave);
  - 2) health coverage, life insurance, and disability insurance;
  - 3) retirement coverage;
  - 4) FICA;
  - 5) uniforms;
  - 6) workers compensation;
  - 7) FUTA;
  - 8) travel time and travel reimbursement
  - 9) unemployment insurance; and
  - 10) other costs approved, in advance, as direct service costs by the Department.

b) Administrative Costs:

- 1) personnel:
- A) administrator;
  - B) assistant administrator;
  - C) accountant/bookkeeper;
  - D) clerical;
  - E) other office staff;
  - F) other personnel expenses;
- 2) consultant:
- A) auditors;
  - B) management consultants;
  - C) management fees from the parent organization;
  - D) other related consultant costs;
  - E) other consultant expenses;
- 3) non-personnel:
- A) office supplies;
  - B) office equipment (expense or depreciation based upon company policy);
  - C) telephone/telegraph;
  - D) conferences, conventions, meeting expenses;
  - E) subscriptions and reference materials;
  - F) postage and shipping;
  - G) advertising;
  - H) outside printing and art work;
  - I) membership dues;



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- J) moving and recruiting;  
K) other general operating expenses;  
L) profit;  
4) occupancy:  
A) depreciation;  
B) amortization of leasehold improvements;  
C) rent;  
D) property taxes;  
E) interest;  
F) other related occupancy costs.

c) Program Support Costs which include all allowable costs not specifically made a part of direct service costs or administrative costs. These may include:

- 1) ~~direct service worker travel reimbursement;~~  
12) training expenses;  
23) malpractice insurance;  
34) direct service worker supervisor costs.

(Source: Amended at 16 Ill. Reg. \_\_\_\_, effective \_\_\_\_.)

## DEPARTMENT OF CONSERVATION

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- 1) HEADING OF THE PART: The Taking of Wild Turkeys - Fall Archery Season  
2) CODE CITATION: 17 Ill. Adm. Code 720  
3) SECTION NUMBERS: 720.10 Amendments  
720.40 Amendments  
PROPOSED ACTION:  
4) STATUTORY AUTHORITY: Implementing and authorized by Sections 1.3, 1.4, 2.9, 2.10 and 2.11 of the Wildlife Code (Ill. Rev. Stat. 1991, ch. 61, pars. 1.3, 1.4, 2.9, 2.10 and 2.11).  
5) A COMPLETE DESCRIPTION OF THE SUBJECTS AND ISSUES INVOLVED: This Part is being amended to extend season dates.  
6) WILL THIS PROPOSED RULE REPLACE AN EMERGENCY RULE CURRENTLY IN EFFECT? No  
7) DOES THIS RULEMAKING CONTAIN AN AUTOMATIC REPEAL DATE? No  
8) DO THESE PROPOSED AMENDMENTS CONTAIN INCORPORATIONS BY REFERENCE? No  
9) ARE THERE ANY OTHER PROPOSED AMENDMENTS PENDING ON THIS PART? No  
10) STATEMENT OF STATEWIDE POLICY OBJECTIVES: This rule has no impact on local governments.  
11) TIME, PLACE AND MANNER IN WHICH INTERESTED PERSONS MAY COMMENT ON THIS PROPOSED RULEMAKING: Comments on the proposed rule may be submitted in writing for a period of 30 days following publication of this notice to:  
Jack Price  
Department of Conservation  
524 S. Second Street, Room 485  
Springfield, IL 62701-1787  
12) INITIAL REGULATORY FLEXIBILITY ANALYSIS: This rule does not affect small businesses

THE FULL TEXT OF THE PROPOSED AMENDMENTS BEGINS ON THE NEXT PAGE:



## DEPARTMENT OF CONSERVATION

## DEPARTMENT OF CONSERVATION

## NOTICE OF PROPOSED AMENDMENTS

## NOTICE OF PROPOSED AMENDMENTS

TITLE 17: CONSERVATION  
CHAPTER 1: DEPARTMENT OF CONSERVATION  
SUBCHAPTER b: FISH AND WILDLIFE

PART 720  
THE TAKING OF WILD TURKEYS - FALL ARCHERY SEASON

## Section

720.10 Hunting Seasons and Counties Open to Hunting  
720.20 Turkey Permit Requirements  
720.30 Turkey Hunting Regulations  
720.40 Regulations at Various Department-Owned or -Managed Sites  
720.50 Releasing or Stocking of Turkeys (Repealed)

AUTHORITY: Implementing and authorized by Sections 1.3, 1.4, 2.9, 2.10 and 2.11 of the Wildlife Code (Ill. Rev. Stat. 1991, ch. 61, pars. 1.3, 1.4, 2.9, 2.10 and 2.11).

SOURCE: Adopted and codified at 8 Ill. Reg. 7825, effective May 22, 1984; emergency amendments at 8 Ill. Reg. 20086, effective October 12, 1985, for a maximum of 150 days; emergency expired March 2, 1985; amended at 9 Ill. Reg. 14311, effective September 5, 1985; amended at 11 Ill. Reg. 9556, effective May 5, 1987; amended at 12 Ill. Reg. 12254, effective July 15, 1988; amended at 13 Ill. Reg. 12831, effective July 21, 1989; amended at 14 Ill. Reg. 12413, effective July 20, 1990; amended at 15 Ill. Reg. 11611, effective August 2, 1991; amended at 16 Ill. Reg. 11093, effective June 30, 1992; amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## Section 720.10 Hunting Seasons and Counties Open to Hunting

- a) Season: Statewide season October 1 through December 31, the latest date authorized by the Wildlife Code, but no later than January 14 (Ill. Rev. Stat. 1991, ch. 61, par. 2.10), closed during firearm deer season, as set out in 17 Ill. Adm. Code 650, except those Department of Conservation (Department or DOC) sites designated below by asterisk, shall be open to archery turkey hunting without regard to firearm deer season. (No firearm deer hunting pursuant to 17 Ill. Adm. Code 650 allowed).

## b) Open Counties:

Adams  
Alexander  
Brown

Johnson  
Knox  
Macoupin

Calhoun  
Carroll  
Cass  
Clay  
Effingham  
Fayette  
Fulton  
Gallatin  
Greene  
Hancock  
Hardin  
Henderson  
Jackson  
Jersey  
Jo Daviess

Marion  
Marshall  
McDonough  
Monroe  
Ogle  
Pike  
Pope  
Putnam  
Randolph  
Rock Island  
Saline  
Schuyler  
Scott  
Union  
Washington  
Williamson

(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 720.40 Regulations at Various Department-Owned or -Managed Sites

- a) All the regulations in 17 Ill. Adm. Code 510 - General Hunting and Trapping apply in this Section, unless this Section is more restrictive.
- b) Statewide regulations shall apply for the following sites:

## AMAX Leased Lands

## Anderson Lake Conservation Area

Argyle Lake State Park (October 15 through December 31 through the latest date authorized by the Wildlife Code, but no later than January 14 (Ill. Rev. Stat. 1991, ch. 61, par. 2.10))

Beaver Dam State Park (2 hunters per day; closed weekends)

## Big River State Forest

Carlyle Lake Wildlife Management Area and Corps of Engineers managed land (subimpoundment area closed 3 days prior to and during the duck season)



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Castle Rock State Park (November 1 -- ~~December~~  
~~through the latest date authorized by the~~  
Wildlife Code, but no later than January 14 (Ill.  
Rev. Stat. 1991, ch. 61, par. 2.10)

Dog Island Wildlife Management Area

Ferne Clyffe State Park

Fort de Chartres Historic Site

Giant City State Park

Kaskaskia River State Fish and Wildlife Area (south  
of Highway 154 only)

Kinkaid Lake Fish and Wildlife Area

Mississippi Palisades State Park (season dates -  
November 1 -- ~~December~~ through the latest date  
authorized by the Wildlife Code, but no later than  
January 14 (Ill. Rev. Stat. 1991, ch. 61, par.  
2.10)

Mississippi River Pool 18 in Henderson County only

Pere Marquette State Park

Pike County Conservation Area Hunting closes  
November 30 in Area A; Hunting closes December 15  
in Area C

\* Ramsey Lake State Park

Randolph County Conservation Area

Rockhouse Creek (Monroe County)

Saline County Conservation Area

Shawnee National Forest

Siloam Springs State Park

Site M (in designated areas only; hunting will be  
allowed on weekends as announced by the Department)

\* Stephen A. Forbes State Park

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Tapley Woods

Trail of Tears State Forest

Turkey Bluffs Fish and Wildlife Area

Union County Public Hunting Area (October 1-15  
only)

Union County Conservation Area - Firing Line  
Management Unit only

Weinburg-King State Park

Witkowsky State Wildlife Area

c) Additional regulations may be posted at the sites when  
more restriction is required. These additional  
regulations shall include, but not be limited to,  
selected check stations, limited hunting hours, and  
designated first-come, first-served sites.

(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective  
\_\_\_\_\_)



## DEPARTMENT OF CONSERVATION

## NOTICE OF PROPOSED AMENDMENTS

1) HEADING OF THE PART: White-Tailed Deer Hunting by Use of Bow and Arrow

2) CODE CITATION: 17 Ill. Adm. Code 670

3) SECTION NUMBERS: PROPOSED ACTION:

670.10 Amendments  
670.60 Amendments

4) STATUTORY AUTHORITY: Implementing and authorized by Sections 1.2, 1.3, 1.4, 2.1, 2.2, 2.24, 2.25, 2.26, 2.33, 3.5, and 3.36 of the Wildlife Code (Ill. Rev. Stat. 1991, ch. 61, pars. 1.2, 1.3, 1.4, 2.1, 2.2, 2.24, 2.25, 2.26, 2.33, 3.5, and 3.36).

5) A COMPLETE DESCRIPTION OF THE SUBJECTS AND ISSUES INVOLVED:  
This rule is being amended to extend the season dates.

6) WILL THIS PROPOSED RULE REPLACE AN EMERGENCY RULE CURRENTLY IN EFFECT? No

7) DOES THIS RULEMAKING CONTAIN AN AUTOMATIC REPEAL DATE? No

8) DO THESE PROPOSED AMENDMENTS CONTAIN INCORPORATIONS BY REFERENCE? No

9) ARE THERE ANY OTHER PROPOSED AMENDMENTS PENDING ON THIS PART?  
No

10) STATEMENT OF STATEWIDE POLICY OBJECTIVES: This rule has no impact on local governments.

11) TIME, PLACE AND MANNER IN WHICH INTERESTED PERSONS MAY COMMENT ON THIS PROPOSED RULEMAKING: Comments on the proposed rule may be submitted in writing for a period of 30 days following publication of this notice to:

Jack Price  
Department of Conservation  
524 S. Second Street, Room 485  
Springfield, IL 62701-1787

12) INITIAL REGULATORY FLEXIBILITY ANALYSIS: This rule does not affect small businesses

THE FULL TEXT OF THE PROPOSED AMENDMENTS BEGINS ON THE NEXT PAGE:

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## NOTICE OF PROPOSED AMENDMENTS

TITLE 17: CONSERVATION  
CHAPTER I: DEPARTMENT OF CONSERVATION  
SUBCHAPTER b: FISH AND WILDLIFE

## PART 670

## WHITE-TAILED DEER HUNTING BY USE OF BOW AND ARROW

## Section

670.10 Statewide Open Seasons and Counties  
670.20 Statewide Deer Permit Requirements  
670.30 Statewide Legal Bow and Arrow  
670.40 Statewide Deer Hunting Rules  
670.50 Rejection of Application/Revocation of Permits  
670.55 Reporting Harvest  
670.60 Regulations at Various Department-Owned or -Managed Sites

AUTHORITY: Implementing and authorized by Sections 1.2, 1.3, 1.4, 2.1, 2.2, 2.24, 2.25, 2.26, 2.33, 3.5, and 3.36 of the Wildlife Code (Ill. Rev. Stat. 1991, ch. 61, pars. 1.2, 1.3, 1.4, 2.1, 2.2, 2.24, 2.25, 2.26, 2.33, 3.5, and 3.36).

SOURCE: Adopted at 5 Ill. Reg. 8888, effective August 25, 1981; codified at 5 Ill. Reg. 10641; emergency amendment at 5 Ill. Reg. 11402, effective October 14, 1981, for a maximum of 150 days; emergency expired March 13, 1982; amended at 6 Ill. Reg. 10721, effective August 20, 1982; emergency amendment at 6 Ill. Reg. 15581, effective December 14, 1982, for a maximum of 150 days; emergency expired May 13, 1983; amended at 7 Ill. Reg. 10790, effective August 24, 1983; amended at 8 Ill. Reg. 19004, effective September 26, 1984; amended at 9 Ill. Reg. 14317, effective September 9, 1985; amended at 10 Ill. Reg. 16658, effective September 22, 1986; amended at 11 Ill. Reg. 2275, effective January 20, 1987; amended at 12 Ill. Reg. 12042, effective July 11, 1988; amended at 13 Ill. Reg. 12839, effective July 21, 1989; amended at 14 Ill. Reg. 14787, effective September 4, 1990; amended at 14 Ill. Reg. 19859, effective December 3, 1990; amended at 15 Ill. Reg. 10021, effective June 24, 1991; amended at 15 Ill. Reg. 16691, effective October 31, 1991; amended at 16 Ill. Reg. 11116, effective June 30, 1992; amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## Section 670.10 Statewide Open Seasons and Counties

- a) All regulations set forth in Chapter 61, Section 2.26 of the Wildlife Code apply in this rule.
- b) For Cook, Dupage, Kane and Lake counties - October 1 through December 31 through the latest date authorized by



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the Wildlife Code, but no later than January 14 (Ill. Rev. Stat. 1991, ch. 61, par. 2.25).

- c) For all other counties - October 1 through December 31 the latest date authorized by the Wildlife Code, but no later than January 14 (Ill. Rev. Stat. 1991, ch. 61, par. 2.25), closed during the period when deer hunting with a firearm is permitted as set out in 17 Ill. Adm. Code 650, except Department of Conservation (Department or DOC) owned or managed sites designated below by an asterisk shall be open to archery deer hunting without regard to firearm deer season. (No firearm deer hunting pursuant to 17 Ill. Adm. Code 650 allowed).

(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

### Section 670.60 Regulations at Various Department-Owned or -Managed Sites

- a) All the regulations in 17 Ill. Adm. Code 510 (General Hunting and Trapping) apply in this Section, unless this Section is more restrictive.
- b) The subsections listed below are referred to by number in subsections 670.60(c) through (1). Some of the sites listed in subsections 670.60(c) through (1) have numbers in parentheses which explain the definitions in this Section which apply to that site.

- 1) Tree stands that are used for hunting deer must be legibly marked with the owner's name, address and telephone number when left unattended. These tree stands must comply with restrictions listed in Section 510.10(c)(3) and must be portable.
- 2) Only one tree stand is allowed per hunter.
- 3) Tree stands may be left unattended overnight only during the period from two weeks before through two weeks after the close of archery deer season.
- 4) Tree stands may be left unattended overnight only during the archery deer season.
- 5) Tree stands may be left unattended overnight only during the archery deer season. They may not be left overnight for more than four consecutive

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nights.

- 6) Tree stands may be left unattended overnight only on Saturday nights during archery deer season.
- c) Statewide regulations as provided for in this Section shall apply except as noted in parentheses for the following sites:

#### AMAX Leased Lands

Cache River State Natural Area ((1) (2) (4))

Campbell Pond Wildlife Management Area

Carlyle Lake - Carlyle Lake Wildlife Management Area and Corps of Engineers managed lands (except Carlyle Lake Wildlife Management Area in the Subimpoundment Area, hunting closed three days prior to and during the regular waterfowl season).

Chauncey Marsh (Permit required, may be obtained at Red Hills State Park headquarters; permit must be returned by 15 February; no hunting in dedicated Nature Preserve (1))

Dog Island Wildlife Management Area ((1) (2) (4))

- \* Eldon Hazlet State Park (North of Allen's Branch and West of Peppenhorst Branch only (1) (2) (5))

Kaskaskia River Fish and Wildlife Area (Doza Creek Waterfowl Management Area, a part of this site, closed to hunting three days prior to the regular duck season).

Kidd Lake State Natural Area ((1) (2) (5))

Lake Shelbyville - Kaskaskia and West Okaw Fish and Wildlife Areas

Lake Kinkaid Fish & Wildlife Area

- \* Lowden-Miller State Forest (hunters must sign in and sign out and report harvest)

Mississippi River Pools 16, 17, 18, 21, 22, 24



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Mississippi River Pools 25 and 26 ((1) (3))

Panther Creek Conservation Area ((1) (4))

Pike County Conservation Area (No hunting after November 30 in Area A; no hunting after December 15 in Area C)

Rend Lake Project Lands and Waters

Rockhouse Creek (Monroe County) ((1) (3))

Sandy Ford (LaSalle County Conservation Area)

Sangamon County Conservation Area

Sanganois Conservation Area ((1) (4))

Shawnee National Forest

Ten Mile Creek Fish and Wildlife Area (permit required; areas designated as Refuge are closed to all access during Canada Goose season only; windshield cards must be displayed on dashboard of vehicle; permits must be returned by February 15; (1) (3))

Wildcat Hollow State Forest

Witkowsky State Wildlife Area

d) Statewide regulations as provided for in this Part shall apply except that all hunters must check in and check out and report deer harvested at the check station. Any other variations are given in parentheses for the following sites:

\* Argyle Lake State Park

\* Banner Marsh Fish and Wildlife Area

\* Big Bend Conservation Area

Big River State Forest

Castle Rock State Park (season - November 1 - ~~December 31~~ through the latest date authorized by the Wildlife Code, but no later than January 14

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(Ill. Rev. Stat. 1991, ch. 61, par. 2.25)

Clinton Lake (Inner Peninsula and Mascoutin Areas Only) (Hunters will apply to site for permit to hunt specific time period within statewide season; permits shall be allocated by drawing held at site; procedures for application and drawing shall be announced by news release; hunters must fill one site specific antlerless permit before being allowed to take an antlered deer)

Crawford County Conservation Area ((1) (3))

Ferne Clyffe State Park ((1) (2) (4))

Fort de Chartres Historic Site ((1) (2) (5))

Fort Massac State Park ((1) (2) (4))

Franklin Creek State Park

Giant City State Park

Green River State Wildlife Area (Lee County Conservation Area) (closed during permit pheasant season)

Horseshoe Lake Conservation Area - Alexander County  
- Public Goose Hunting Area (October 1-15; reopens with the close of the quota zone goose season through December 31 the latest date authorized by the Wildlife Code, but no later than January 14 (Ill. Rev. Stat. 1991, ch. 61, par. 2.25); other portions of the Public Hunting Area (open during statewide season ((1) (2) (4))

I-24 Wildlife Management Area ((1) (2) (4))

Johnson Sauk Trail State Park (October 1 - the day before the upland game season and on Mondays and Tuesdays during the upland game season)

Jubilee College State Park (closed the 1st weekend - Saturday and Sunday - of October)

Mackinaw River State Fish and Wildlife Area

Marseilles Fish and Wildlife Area (no hunting on



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- Friday, Saturday, or Sunday in October; (1) (3))
- Marshall State Fish and Wildlife Area
- \* Mt. Vernon Propagation Center; only antlerless deer may be taken ((1) (3))
- \* Randolph County Conservation Area ((1) (2) (5))
- \* Red Hills State Park ((1) (3))
- \* Rice Lake (season - the day after the close of the duck season - ~~December 31~~ through the latest date authorized by the Wildlife Code, but no later than January 14 (Ill. Rev. Stat. 1991, ch. 61, par. 2.25))
- \* Saline County Conservation Area ((1) (3))
- \* Sam Parr Fish and Wildlife Area ((1) (3))
- Shabbona Lake State Park (Indian Road Wildlife Management Area)
- Silver Springs State Park (daily quota posted at site; quota filled on first-come, first-serve basis)
- Tapley Woods State Natural Area
- Trail of Tears State Forest ((1) (2) (4))
- Turkey Bluffs Fish and Wildlife Area ((1) (2) (5))
- Union County Conservation Area - Public Goose Hunting Area (October 1 - 15; reopens with close of quota zone goose season through ~~December 31~~ the latest date authorized by the Wildlife Code, but no later than January 14 (Ill. Rev. Stat. 1991, ch. 61, par. 2.25); Firing Line Management Unit (open during statewide season) ((1) (2) (4))
- \* Washington County Conservation Area (closed until 3 p.m. Wednesday - Sunday during pheasant, quail and rabbit season, except during firearm deer season as set out in 17 Ill. Adm. Code 650.10 statewide hours shall apply (1) (2) (5))

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- Wayne Fitzgerald State Recreation Area (except closed Wednesday through Sunday during Controlled Pheasant hunting season, see 17 Ill. Adm. Code 530) ((1) (2) (4))
- Woodford County Conservation Area
- e) Statewide regulations as provided for in this Part shall apply for deer bow hunting except that hunters must check out and report their harvest; any reduced hunting season and/or daily hunting hours if required are given in parentheses for the following sites:
- \* Anderson Lake Conservation Area
- Beaver Dam State Park (hunting in designated area; hunting dates October 26 through October 30 - November 2 through November 5 and November 9 through November 13; number of hunters limited to two during each 5-day period; public drawing held at site office)
- Iroquois County Conservation Area (closed Wednesday through Sunday of the permit pheasant season and during the non-permit pheasant season, except that hunting is permitted according to statewide regulations in the 80 acres north and east of Hooper Branch Nature Preserve; (1) (2) (4))
- Pere Marquette State Park (except in designated areas where hunting dates are from October 26 through October 30, November 2 through November 6 and November 9 through November 13; number of hunters limited to 15 during each 5 day period; public drawing held at Site Office (1) (3))
- Pyramid State Park
- Siloam Springs State Park
- Weinberg-King State Park
- f) Statewide regulations as provided for in this Part shall apply and in addition hunters must obtain site permits at the site office or through the mail prior to hunting and must report success immediately after taking deer with additional requirements given in parentheses at the following sites:



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Des Plaines Conservation Area (closed during the site's pheasant hunting season, except open on Mondays and Tuesdays only)

Kankakee River State Park (Bow deer hunters hunting south of the Kankakee River are required to wear a cap and upper outer garment of solid and vivid blaze orange of at least 400 square inches between the hours of 9:00 a.m. to 3:00 p.m. on those days when pheasant, quail and rabbit hunting is allowed; the area north of the Kankakee River is closed to all hunting after November 30)

Mississippi Palisades State Park (season November 1 ~~December 31~~ through the latest date authorized by the Wildlife Code, but no later than January 14 (Ill. Rev. Stat. 1991, ch. 61, par. 2.25))

Moraine View State Park (closed Wednesday through Sunday during permit pheasant season (1) (2) (4))

Pekin Lake State Fish and Wildlife Area (no hunting south of Big Lick Creek; one deer per hunter per year)

Rock Cut State Park (1st Monday in November - 2nd Friday in December, closed Thanksgiving Day; hours 1/2 hour before sunrise to 10:00 a.m.)

Sand Ridge State Forest ((1) (4))

Spring Lake Conservation Area

- g) Statewide regulations as provided for in this Part shall apply except that all hunters must check in and check out and report deer harvested at the check station. Hunting is prohibited within 200 yards of developed areas such as picnic and camping areas.

Sangchris Lake Fish and Wildlife Area

- h) Statewide regulations as provided for in this Part shall apply except that hunting will be permitted on Saturdays and Sundays only as announced by the Department of Conservation at the following site. Hunter quotas shall be announced by public news release. The check station will open at 5:00 a.m. and all hunters must check in and exchange their hunting license for a back patch which

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must be worn at all times while in the field. All hunters must check out immediately after hunting. Parking is permitted at designated parking areas only ((1) (6)).

Site "M" Cass County

- i) Statewide regulations as provided for in this Part shall apply, except bow hunting shall be allowed only from 3 days following the close of fishing through statewide closing of ~~archery deer season~~ December 31. Hunting hours are from one half hour before sunrise to 12 noon, hunters must check out by 1 p.m. A drawing shall be held at check station 90 minutes before sunrise; hunters must deposit their hunting license at check station before proceeding to the hunting area; hunters must wear DOC issued back patch while hunting. Individuals who have purchased a statewide archery permit are eligible to receive a daily site antlerless only permit, subject to drawing procedures. Hunting is closed on Mondays and Tuesdays.

Heidecke State Fish and Wildlife Area

- j) Statewide regulations as provided for in this Part shall apply, except bow hunting shall be allowed only on Mondays and Tuesdays, beginning on the Monday prior to the opening of permit pheasant hunting season and closing on the Tuesday following the close of the permit pheasant hunting season in designated areas only. Daily quota filled on first-come, first-serve basis. Hunting hours are from one-half hour before sunrise to 2:00 p.m. except on Christmas day when the area is closed to hunting. Hunters must check out by 3:00 p.m. Hunters must check in, check out, and report deer harvested at the main park entrance gatehouse.

Chain O'Lakes State Park

- k) Hunters must obtain a free permit from the site office. The permit must be in possession while hunting; failure to report harvest by February 15 shall result in loss of hunting privileges at the site for the following year.

Clinton Lake State Recreation Area (except Mascoutin Area and Inner Peninsula (Tree stands must be marked with site hunting permit number visible from ground level (1) (2) (4)))



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## Eagle Creek State Park

Fox Ridge State Park ((1) (2) (4) (season closes December 31))

Hamilton County Conservation Area ((1) (3))

Hidden Springs State Forest ((1) (2) (4))

Lake Shelbyville Eagle Creek Wildlife Management Area

Mermet Conservation Area ((1) (2) (4))

\* Ramsey Lake State Park ((1) (3))

\* Sam Dale Lake Conservation Area

\* Stephen A. Forbes State Park

- 1) Hunters must obtain free permit from site office; permit must be returned and harvest reported by February 15; failure to return permit shall result in loss of hunting privileges the next season.

Kickapoo State Park ((1) (2) (4))

Middlefork Fish and Wildlife Area ((1) (2) (4))

- m) Season dates to be announced by public news release; daily quota filled on first-come, first-served basis; only hunters with a filled or unfilled paid archery deer permit are eligible to hunt; hunters are required to take an antlerless deer before being eligible to take an antlered one; antlerless deer may be tagged with site specific antlerless only permit; antlered deer must be tagged with hunter's paid either-sex statewide permit; hunters must check in and check out at check station; access to designated hunting areas will be allowed by vehicle by parking in designated areas or by boat; those hunters using boats are required to launch at the ramp access only; pre-hunt scouting will be limited to 10 a.m. to 2 p.m. daily form announced first scouting date until the end of the site season, except that no scouting will be permitted during the firearm seasons.

Newton Lake Fish and Wildlife Area

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(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)



## NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: AID TO FAMILIES WITH DEPENDENT CHILDREN2) Code Citation: 89 Ill. Adm. Code 1123) Section Number: Proposed Action:

112.330 Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 4-1 et seq. and 12-13)

5) Complete Description of the Subjects and Issues Involved: This rule change conforms agency policy to federal requirements. Families cancelled for increased earnings or increased hours of employment will now receive a six month medical extension. Eligibility may exist for a further extension, beyond the six month period, to a maximum of twelve months. Eligibility for this additional extension period is determined based on the completion and submittal of report forms by the client and a determination of eligibility based on level of earnings.

6) Will these proposed amendments replace emergency amendments currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? Yes

Sections	Proposed Action	Illinois Register Citation
112.9	Amendment	September 4, 1992 (16 Ill. Reg. 13381)
112.70	Amendment	March 6, 1992 (16 Ill. Reg. 3335)
112.71	Amendment	March 6, 1992 (16 Ill. Reg. 3335)
112.72	Amendment	March 6, 1992 (16 Ill. Reg. 3335)
112.74	Amendment	March 6, 1992 (16 Ill. Reg. 3335)
112.78	Amendment	March 6, 1992 (16 Ill. Reg. 3335)
112.79	Amendment	March 6, 1992 (16 Ill. Reg. 3335)
112.82	Amendment	March 6, 1992 (16 Ill. Reg. 3335)
112.127	Amendment	August 28, 1992 (16 Ill. Reg. 13195)
112.138	Repeal	July 17, 1992 (16 Ill. Reg. 11399)
112.154	Amendment	September 25, 1992 (16 Ill. Reg. 14522)

10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

11) Time, Place, and Manner in which Interested Persons may comment on this proposed rulemaking: Any interested parties may submit comments, data,

## NOTICE OF PROPOSED AMENDMENTS

views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to Judy Umunna, Bureau of Rules and Regulations, Illinois Department of Public Aid, 100 South Grand Ave. E., 3rd Floor, Springfield, Illinois 62762. The Department will consider all written comments it receives within 30 days after the publication of this notice.

12) Initial Regulatory Flexibility Analysis:

- A) Date proposed rulemaking was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: Not applicable
- B) Types of small businesses affected: None
- C) Reporting, bookkeeping or other procedures required for compliance: No new procedures are required by these proposed amendments.
- D) Types of professional skills necessary for compliance: No new skills are required by these proposed amendments.

The full text of the Proposed Amendments begins on the next page:



## DEPARTMENT OF PUBLIC AID

## NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES  
CHAPTER I: DEPARTMENT OF PUBLIC AID  
SUBCHAPTER b: ASSISTANCE PROGRAMS

## PART 112

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112.330 Twelve-Month Extension of Medical Assistance Due to Increased Income from Employment  
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AUTHORITY: Implementing Article IV and authorized by Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 4-1 et seq. and 12-13)

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; emergency amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amendment at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3



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## NOTICE OF PROPOSED AMENDMENTS

Ill. Reg. 38, p. 243, effective September 21, 1979, peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982, amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 11, 1983; rules repealed and new rules adopted and codified at 7 Ill. Reg. 2720, effective February 28, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 11284, effective August 26, 1983; amended at 7 Ill. Reg. 13920, effective October 7, 1983; amended at 7 Ill. Reg. 15690, effective November 9, 1983; amended (by adding sections being codified with no substantive change) at 7 Ill. Reg. 16105; amended at 7 Ill.

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## NOTICE OF PROPOSED AMENDMENTS

Reg. 17344, effective December 21, 1983; amended at 8 Ill. Reg. 213, effective December 27, 1983; emergency amendment at 8 Ill. Reg. 569, effective January 1, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 4176, effective March 19, 1984; amended at 8 Ill. Reg. 5207, effective April 9, 1984; amended at 8 Ill. Reg. 7226, effective May 16, 1984; amended at 8 Ill. Reg. 11391, effective June 27, 1984; amended at 8 Ill. Reg. 12333, effective June 29, 1984; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17894; peremptory amendment at 8 Ill. Reg. 18127, effective October 1, 1984; peremptory amendment at 8 Ill. Reg. 19889, effective October 1, 1984; amended at 8 Ill. Reg. 19983, effective October 3, 1984; emergency amendment at 8 Ill. Reg. 21666, effective October 19, 1984 for a maximum of 150 days; amended at 8 Ill. Reg. 21621, effective October 23, 1984; amended at 8 Ill. Reg. 25023, effective December 19, 1984; amended at 9 Ill. Reg. 282, effective January 1, 1985; amended at 9 Ill. Reg. 4062, effective March 15, 1985; amended at 9 Ill. Reg. 8155, effective May 17, 1985; emergency amendment at 9 Ill. Reg. 10094, effective June 19, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11317, effective July 5, 1985; amended at 9 Ill. Reg. 12795, effective August 9, 1985; amended at 9 Ill. Reg. 15887, effective October 4, 1985; amended at 9 Ill. Reg. 16277, effective October 11, 1985; amended at 9 Ill. Reg. 17827, effective November 18, 1985; emergency amendment at 10 Ill. Reg. 354, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 1172, effective January 10, 1986; amended at 10 Ill. Reg. 3641, effective January 30, 1986; amended at 10 Ill. Reg. 4885, effective March 7, 1986; amended at 10 Ill. Reg. 8118, effective May 1, 1986; amended at 10 Ill. Reg. 10628, effective June 1, 1986; amended at 10 Ill. Reg. 11017, effective June 6, 1986; Sections 112.78 through 112.86 and 112.88 recodified to 89 Ill. Adm. Code 160 at 10 Ill. Reg. 11928; emergency amendment at 10 Ill. Reg. 12107, effective July 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 12650, effective July 14, 1986; amended at 10 Ill. Reg. 14681, effective August 29, 1986; amended at 10 Ill. Reg. 15101, effective September 5, 1986; amended at 10 Ill. Reg. 15621, effective September 19, 1986; amended at 10 Ill. Reg. 21860, effective December 12, 1986; amended at 11 Ill. Reg. 2280, effective January 16, 1987; amended at 11 Ill. Reg. 3140, effective January 30, 1987; amended at 11 Ill. Reg. 4682, effective March 6, 1987; amended at 11 Ill. Reg. 5223, effective March 11, 1987; amended at 11 Ill. Reg. 6228, effective March 20, 1987; amended at 11 Ill. Reg. 9927, effective May 15, 1987; amended at 11 Ill. Reg. 12003, effective November 1, 1987; emergency amendment at 11 Ill. Reg. 12432, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 12908, effective July 30, 1987; emergency amendment at 11 Ill. Reg. 12935, effective August 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 13625, effective August 1, 1987; amended at 11 Ill. Reg. 14755, effective August 26, 1987; amended at 11 Ill. Reg. 18679, effective November 1, 1987; emergency amendment at 11 Ill. Reg. 18781, effective November 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20114, effective December 4, 1987; Sections 112.90 and 112.95 recodified to Sections 112.52 and 112.54 at 11 Ill. Reg. 20610; amended at 11 Ill. Reg. 20889, effective December 14, 1987; amended at 12 Ill. Reg. 844, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1929, effective



## DEPARTMENT OF PUBLIC AID

## NOTICE OF PROPOSED AMENDMENTS

January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 2126, effective January 12, 1988; SUBPARTS C, D and E reclassified to SUBPARTS G, H and I at 12 Ill. Reg. 2136; amended at 12 Ill. Reg. 3487, effective January 22, 1988; amended at 12 Ill. Reg. 6159, effective March 18, 1988; amended at 12 Ill. Reg. 6694, effective March 22, 1988; amended at 12 Ill. Reg. 7336, effective May 1, 1988; amended at 12 Ill. Reg. 7673, effective April 20, 1988; amended at 12 Ill. Reg. 9032, effective May 20, 1988; amended at 12 Ill. Reg. 10481, effective June 13, 1988; amended at 12 Ill. Reg. 14172, effective August 30, 1988; amended at 12 Ill. Reg. 14669, effective September 16, 1988; amended at 13 Ill. Reg. 70, effective January 1, 1989; amended at 13 Ill. Reg. 6017, effective April 14, 1989; amended at 13 Ill. Reg. 8567, effective May 22, 1989; amended at 13 Ill. Reg. 16006, effective October 6, 1989; emergency amendment at 13 Ill. Reg. 16142, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 14 Ill. Reg. 705, effective January 1, 1990; amended at 14 Ill. Reg. 3170, effective February 13, 1990; amended at 14 Ill. Reg. 3575, effective February 23, 1990; amended at 14 Ill. Reg. 6306, effective April 16, 1990; amended at 14 Ill. Reg. 10379, effective June 20, 1990; amended at 14 Ill. Reg. 13652, effective August 10, 1990; amended at 14 Ill. Reg. 14140, effective August 17, 1990; amended at 14 Ill. Reg. 16937, effective September 30, 1990; emergency amendment at 15 Ill. Reg. 338, effective January 1, 1991, for a maximum of 150 days; emergency amendment at 15 Ill. Reg. 2862, effective February 4, 1991, for a maximum of 150 days; emergency expired July 4, 1991; amended at 15 Ill. Reg. 5275, effective April 1, 1991; amended at 15 Ill. Reg. 5684, effective April 10, 1991; amended at 15 Ill. Reg. 11127, effective July 19, 1991; amended at 15 Ill. Reg. 11447, effective July 25, 1991; amended at 15 Ill. Reg. 14227, effective September 30, 1991; amended at 15 Ill. Reg. 17308, effective November 18, 1991; amended at 16 Ill. Reg. 9972, effective June 15, 1992; emergency amendment at 16 Ill. Reg. 11652, effective July 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 11550, effective July 15, 1992; emergency amendment at 16 Ill. Reg. 13629, effective September 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

## SUBPART I: OTHER PROVISIONS

Section 112.330 Twelve-Month-Extension of Medical Assistance Due to Increased Income from Employment

- a) A twelve-(12) ~~six~~ (6) month extension of medical assistance shall be provided for AFDC cases when AFDC assistance is terminated due to increased hours or increased income from employment. This extension shall begin with the AFDC case's first month of ineligibility. Ineligibility may result from initial or increased earnings.

## DEPARTMENT OF PUBLIC AID

## NOTICE OF PROPOSED AMENDMENTS

Section 112.330 (continued)

- b) The initial six (6) month medical assistance period can be extended for a total of six (6) additional months. Eligibility for an extension beyond the initial six (6) month period shall exist if:
- 1) the Medical Extension Report Forms are returned by the due date;
  - 2) an eligible child is still in the home;
  - 3) the client's earnings from the past three (3) months minus child care costs are less than 185% of the Standard of Need; and
  - 4) the client has not quit employment without good cause.

(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.)



## DEPARTMENT OF PUBLIC AID

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: General Assistance
- 2) Code Citation: 89 Ill. Adm. Code 114
- 3) Section Numbers: 114.430  
Proposed Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 6-1 et seq. and 12-13)
- 5) Complete Description of the Subjects and Issues Involved: This rule change aligns the General Assistance medical extension provisions with the changes being made in the AFDC program. The AFDC changes are being made to conform to federal law.
- Families cancelled for increased earnings or increased hours of employment will now receive a six month medical extension. Eligibility may exist for a further extension, beyond the six month period, to a maximum of twelve months. Eligibility for this additional extension period is determined based on the completion and submittal of report forms by the client and a determination of eligibility based on level of earnings.
- 6) Will these proposed amendments replace emergency amendments currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? Yes

Sections	Proposed Action	Illinois Register Citation
114.1	Amendment	July 17, 1992 (16 Ill. Reg. 11401)
114.1	Amendment	September 11, 1992 (16 Ill. Reg. 13766)
114.2	Amendment	July 17, 1992 (16 Ill. Reg. 11401)
114.2	Amendment	September 11, 1992 (16 Ill. Reg. 13766)
114.9	Amendment	September 4, 1992 (16 Ill. Reg. 13395)
114.270	Repeal	October 2, 1992 (16 Ill. Reg. 15008)
114.351	Amendment	July 17, 1992 (16 Ill. Reg. 11401)
114.351	Amendment	September 11, 1992 (16 Ill. Reg. 13766)
114.352	Amendment	July 17, 1992 (16 Ill. Reg. 11401)
114.352	Amendment	September 11, 1992 (16 Ill. Reg. 13766)
114.353	Amendment	July 17, 1992 (16 Ill. Reg. 11401)
114.353	Amendment	September 11, 1992 (16 Ill. Reg. 13766)
114.420	Amendment	October 2, 1992 (16 Ill. Reg. 15008)
114.440	New Section	September 25, 1992 (16 Ill. Reg. 14538)

## DEPARTMENT OF PUBLIC AID

## NOTICE OF PROPOSED AMENDMENTS

- 10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.
- 11) Time, Place, and Manner in which Interested Persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to Judy Umunna, Bureau of Rules and Regulations, Illinois Department of Public Aid, 100 South Grand Ave. E., 3rd Floor, Springfield, Illinois 62762. The Department will consider all written comments it receives within 30 days after the publication of this notice.
- 12) Initial Regulatory Flexibility Analysis:
- A) Date proposed rulemaking was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: Not applicable
- B) Types of small businesses affected: None
- C) Reporting, bookkeeping or other procedures required for compliance: No new procedures are required by these proposed amendments
- D) Types of professional skills necessary for compliance: No new skills are required by these proposed amendments.

The full text of the Proposed Amendments begins on the next page:



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CHAPTER I: DEPARTMENT OF PUBLIC AID  
SUBCHAPTER b: ASSISTANCE PROGRAMS

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Project Advance Good Cause for Failure to Comply  
Individuals Exempt From Project Advance  
Project Advance Supportive Services

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Employment and Training for Transitional Assistance Programs Administered by the Illinois Department of Public Aid  
Persons Required to Participate in Project Chance  
Advocacy Program for Persons Who Have Applied for Supplemental Security Income (SSI) Under Title XVI of the Social Security Act (Repealed)  
Persons in Need of Work Rehabilitative Services (WRS) to Become Employable (Repealed)  
Employment and Training Participation/Cooperation Requirements  
Employment and Training Program Orientation  
Employment and Training Program Full Assessment Process/Development of an Employment Plan  
Employment and Training Program Components  
Employment and Training Sanctions  
Good Cause For Failure to Cooperate With Work and Training Participation Requirements  
Employment and Training Supportive Services  
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Employment Child Care (Repealed)

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Unearned Income  
Budgeting Unearned Income  
Budgeting Unearned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision  
Initial Receipt of Unearned Income  
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Budgeting Earned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision  
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Project Advance  
Project Advance Participation Requirements of Adjudicated Fathers  
Project Advance Cooperation Requirements of Adjudicated Fathers  
Project Advance Sanctions

PART 114  
GENERAL ASSISTANCE

SUBPART A: GENERAL PROVISIONS

Description of the Assistance Program  
Determination of Not Employable  
Incorporation By Reference

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Client Cooperation  
Citizenship  
Residence  
Age  
Relationship  
Living Arrangement  
Social Security Numbers  
Work Registration Requirements (Outside City of Chicago only)  
Individuals Exempt From Work Registration Requirements (Outside City of Chicago only)  
Job Service Registration (Outside City of Chicago only)  
Failure to Maintain Current Job Service Registration (Outside City of Chicago only)  
Responsibility to Seek Employment (Outside City of Chicago only)  
Initial Employment Expenses (Outside City of Chicago only)  
Downstate General Assistance Work and Training Programs  
Downstate General Assistance - Food Stamps Employment and Training Pilot Project  
Project Chance Participation/Cooperation Requirements (Renumbered)  
General Assistance Jobs Program (Repealed)

SUBPART C: PROJECT ADVANCE

Project Advance  
Project Advance Participation Requirements of Adjudicated Fathers  
Project Advance Cooperation Requirements of Adjudicated Fathers  
Project Advance Sanctions

SUBPART D: PROJECT CHANCE

Employment and Training for Transitional Assistance Programs Administered by the Illinois Department of Public Aid  
Persons Required to Participate in Project Chance  
Advocacy Program for Persons Who Have Applied for Supplemental Security Income (SSI) Under Title XVI of the Social Security Act (Repealed)  
Persons in Need of Work Rehabilitative Services (WRS) to Become Employable (Repealed)  
Employment and Training Participation/Cooperation Requirements  
Employment and Training Program Orientation  
Employment and Training Program Full Assessment Process/Development of an Employment Plan  
Employment and Training Program Components  
Employment and Training Sanctions  
Good Cause For Failure to Cooperate With Work and Training Participation Requirements  
Employment and Training Supportive Services  
Conciliation and Fair Hearings  
Employment Child Care (Repealed)

SUBPART E: FINANCIAL FACTORS OF ELIGIBILITY

Unearned Income  
Budgeting Unearned Income  
Budgeting Unearned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision  
Initial Receipt of Unearned Income  
Termination of Unearned Income  
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Education Benefits  
Unearned Income In-Kind  
Earmarked Income  
Lump Sum Payments  
Protected Income  
Earned Income  
Budgeting Earned Income  
Budgeting Earned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision  
Initial Employment  
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## DEPARTMENT OF PUBLIC AID

## NOTICE OF PROPOSED AMENDMENTS

114.230 Exempt Earned Income  
114.235 Recognized Employment Expenses  
114.240 Income From Work/Study/Training Program (Repealed)  
114.241 Earned Income From Self-Employment  
114.242 Earned Income From Roomer and Boarder  
114.243 Earned Income From Rental Property  
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114.245 Payments from the Illinois Department of Children and Family Services  
114.246 Budgeting Earned Income For Contractual Employees  
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114.250 Assets  
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114.252 Asset Disregards  
114.260 Deferral of Consideration of Assets (Repealed)  
114.270 Property Transfers  
114.280 Supplemental Payments

## SUBPART F: PAYMENT AMOUNTS

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114.350 Payment Levels for General Assistance  
114.351 Payment Levels in Group I Counties  
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114.352 Payment Levels in Group II Counties  
EMERGENCY  
114.353 Payment Levels in Group III Counties  
EMERGENCY

## SUBPART G: OTHER PROVISIONS

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114.400 Persons Who May Be Included In the Assistance Unit  
114.401 Eligibility of Strikers  
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114.405 Budgeting Schedule  
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114.430 Twelve-Month Extension of Medical Assistance Due to Increased Income From Employment  
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## SUBPART H: CHILD CARE

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114.452 Child Care Eligibility  
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114.500 Transitional Child Care Eligibility  
114.504 Duration of Eligibility for Transitional Child Care  
114.506 Loss of Eligibility for Transitional Child Care  
114.508 Qualified Provider  
114.510 Notification of Available Services  
114.512 Participant Rights and Responsibilities  
114.514 Child Care Overpayments and Recoveries  
114.516 Fees for Service for Transitional Child Care  
114.518 Rates of Payment for Transitional Child Care

AUTHORITY: Implementing Article VI and authorized by Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 6-1 et seq. and 12-13)

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amendment at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979, peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill.



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Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 7, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 9909, effective August 5, 1983; amended (by adding section being codified with no substantive change) at 7 Ill. Reg. 14747; amended (by adding section being codified with no substantive change) at 7 Ill. Reg. 16107; amended at 7 Ill. Reg. 16408, effective November 30, 1983; amended at 7 Ill. Reg. 16652, effective December 1, 1983; amended at 8 Ill. Reg. 243, effective December 27, 1983; amended at 8 Ill. Reg. 5233, effective April 9, 1984; amended at 8 Ill. Reg. 6764, effective April 27, 1984; amended at 8 Ill. Reg. 11435, effective June 27, 1984; amended at 8 Ill. Reg. 13319, effective July 16, 1984; amended at 8 Ill. Reg. 16237, effective August 24, 1984; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17896; amended at 9 Ill. Reg. 314, effective January 1, 1985; emergency amendment at 9 Ill. Reg. 823, effective January 3, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9557, effective June 5, 1985; amended at 9 Ill. Reg. 10764, effective July 5, 1985; amended at 9 Ill. Reg. 15800, effective October 16, 1985; amended at 10 Ill. Reg. 1924, effective January 17, 1986; amended at 10 Ill. Reg. 3660, effective January 30, 1986; emergency amendment at 10 Ill. Reg. 4646, effective February 3, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 4896, effective March 7, 1986;

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amended at 10 Ill. Reg. 10681, effective June 3, 1986; amended at 10 Ill. Reg. 11041, effective June 5, 1986; amended at 10 Ill. Reg. 12662, effective July 14, 1986; amended at 10 Ill. Reg. 15118, effective September 5, 1986; amended at 10 Ill. Reg. 15640, effective September 19, 1986; amended at 10 Ill. Reg. 19079, effective October 24, 1986; amended at 11 Ill. Reg. 2307, effective January 16, 1987; amended at 11 Ill. Reg. 5297, effective March 11, 1987; amended at 11 Ill. Reg. 6238, effective March 20, 1987; emergency amendment at 11 Ill. Reg. 12449, effective July 10, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 12948, effective August 1, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 18311, effective November 1, 1987; for a maximum of 150 days; amended at 11 Ill. Reg. 18689, effective November 1, 1987; emergency amendment at 11 Ill. Reg. 18791, effective November 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20129, effective December 4, 1987; amended at 11 Ill. Reg. 20889, effective December 14, 1987; amended at 12 Ill. Reg. 889, effective January 1, 1988; SUBPARTS C, D and E recodified to SUBPARTS E, F and G at 12 Ill. Reg. 2147; Section 114.110 recodified to Section 114.52 at 12 Ill. Reg. 2984; amended at 12 Ill. Reg. 3505, effective January 22, 1988; amended at 12 Ill. Reg. 6170, effective March 18, 1988; amended at 12 Ill. Reg. 6719, effective March 22, 1988; amended at 12 Ill. Reg. 9108, effective May 20, 1988; amended at 12 Ill. Reg. 9699, effective May 24, 1988; amended at 12 Ill. Reg. 9940, effective May 31, 1988; amended at 12 Ill. Reg. 11474, effective June 30, 1988; amended at 12 Ill. Reg. 14255, effective August 30, 1988; emergency amendment at 12 Ill. Reg. 14364, effective September 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16729, effective September 30, 1988; amended at 12 Ill. Reg. 20171, effective November 28, 1988; amended at 13 Ill. Reg. 89, effective January 1, 1989; amended at 13 Ill. Reg. 1546, effective January 20, 1989; amended at 13 Ill. Reg. 3900, effective March 10, 1989; amended at 13 Ill. Reg. 8580, effective May 20, 1989; emergency amendment at 13 Ill. Reg. 16169, effective October 2, 1989 for a maximum of 150 days; emergency expired March 1, 1990; amended at 13 Ill. Reg. 16015, effective October 6, 1989; amended at 14 Ill. Reg. 746, effective January 1, 1990; amended at 14 Ill. Reg. 3640, effective February 23, 1990; amended at 14 Ill. Reg. 6360, effective April 16, 1990; amended at 14 Ill. Reg. 10929, effective June 20, 1990; amended at 14 Ill. Reg. 13215, effective August 6, 1990; amended at 14 Ill. Reg. 13777, effective August 10, 1990; amended at 14 Ill. Reg. 14162, effective August 17, 1990; amended at 14 Ill. Reg. 17111, effective September 30, 1990; amended at 15 Ill. Reg. 288, effective January 1, 1991; amended at 15 Ill. Reg. 5710, effective April 10, 1991; amended at 15 Ill. Reg. 11164, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 15144, effective October 7, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 3512, effective February 20, 1992; emergency amendment at 16 Ill. Reg. 4540, effective March 10, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 11662, effective July 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 13297, effective August 15, 1992; emergency amendment at 16 Ill. Reg. 13651, effective September 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14769, effective September 15, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.



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NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE

## SUBPART G: OTHER PROVISIONS

Section 114.430 Twelve-Month-Extension of Medical Assistance Due to Increased Income from Employment

- a) A twelve-(12)six (6) month extension of medical assistance (i.e., full-Medicaid-benefits) shall be provided for General Assistance cases consisting of at least one adult and one child when General Assistance is terminated due to increased income from employment. This extension shall begin with the General Assistance case's first month of ineligibility. Ineligibility may result from initial or increased earnings.
- b) The initial six (6) month medical assistance period can be extended for a total of six (6) additional months. Eligibility for an extension beyond the initial six (6) month period shall exist if:
- 1) the Medical Extension Report Forms are returned by the due date;
  - 2) an eligible child is still in the home;
  - 3) the client's earnings from the past three (3) months minus child care costs are less than 185% of the AFDC Standard of Need; and
  - 4) the client has not quit employment without good cause.

(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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1) Heading of the Part: MEDICAL PAYMENT

2) Code Citation: 89 Ill. Adm. Code 140

3) Section Numbers: Proposed Action:

## 140. TABLE K

Amendment

- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, par. 12-13)
- 5) Complete Description of the Subjects and Issues Involved: These proposed amendments provide for the revision of procedure code descriptions pertaining to primary care services which are eligible for the 10 percent fee incentive allowed under the Medicaid Partnership Program. These procedure codes, which are found in the Physician's Current Procedural Terminology (CPT-IV) and which are utilized in the Medicaid Program, are revised annually by members of the American Medical Association. It is then necessary to update the procedure codes in the Department's administrative rules which refer to Medicaid funded services.

The procedure codes found in Section 140. Table K are specific to primary care services which are provided to clients living in areas designated for participation in the Medicaid Partnership Program (East St. Louis and Chicago). This Program is designed to promote physician involvement in the Medicaid Program in high need areas, through a physician fee incentive of 10 percent. The procedure codes which are being proposed for revision refer to physician services provided during office visits and in outpatient settings, and medical services provided during home visits.

The proposed changes to Section 140. Table K will not result in any additional expenditures by the Department.

- 6) Will these proposed amendments replace emergency amendments currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? Yes

Sections	Proposed Action	Illinois Register Citation
140.2	Amendment	May 1, 1992 (16 Ill. Reg. 6936)
140.12	Amendment	July 31, 1992 (16 Ill. Reg. 12116)
140.13	Amendment	March 27, 1992 (16 Ill. Reg. 4708)
140.14	Amendment	March 27, 1992 (16 Ill. Reg. 4708)



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- 12) Initial Regulatory Flexibility Analysis:

A) Date proposed rulemaking was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: September 28, 1992

B) Types of small businesses affected: Providers of primary care services

C) Reporting, bookkeeping or other procedures required for compliance: None

D) Types of professional skills necessary for compliance: None
- The full text of the Proposed Amendments begins on the next page:

Sections	Proposed Action	Illinois Register Citation
140.15	Amendment	May 22, 1992 (16 Ill. Reg. 7775)
140.16	Amendment	March 27, 1992 (16 Ill. Reg. 4708)
140.16	Amendment	May 29, 1992 (16 Ill. Reg. 8047)
140.17	Amendment	May 29, 1992 (16 Ill. Reg. 8047)
140.19	Amendment	March 27, 1992 (16 Ill. Reg. 4708)
140.31	New Section	March 27, 1992 (16 Ill. Reg. 4708)
140.31	New Section	July 24, 1992 (16 Ill. Reg. 11721)
140.32	New Section	March 27, 1992 (16 Ill. Reg. 4708)
140.33	New Section	March 27, 1992 (16 Ill. Reg. 4708)
140.80	New Section	October 2, 1992 (16 Ill. Reg. 15019)
140.82	New Section	October 2, 1992 (16 Ill. Reg. 15019)
140.84	New Section	October 2, 1992 (16 Ill. Reg. 15019)
140.94	Amendment	October 2, 1992 (16 Ill. Reg. 15019)
140.95	Amendment	October 2, 1992 (16 Ill. Reg. 15019)
140.413	Amendment	April 24, 1992 (16 Ill. Reg. 6719)
140.421	Amendment	May 15, 1992 (16 Ill. Reg. 7576)
140.492	Amendment	August 28, 1992 (16 Ill. Reg. 13397)
140.525	Amendment	August 28, 1992 (16 Ill. Reg. 13211)
140.526	Repeal	June 19, 1992 (16 Ill. Reg. 9393)
140.527	Repeal	June 19, 1992 (16 Ill. Reg. 9393)
140.528	Repeal	June 19, 1992 (16 Ill. Reg. 9393)
140.529	Repeal	June 19, 1992 (16 Ill. Reg. 9393)
140.538	Amendment	August 28, 1992 (16 Ill. Reg. 13211)
140.560	Amendment	August 21, 1992 (16 Ill. Reg. 12838)
140.570	Amendment	August 21, 1992 (16 Ill. Reg. 12838)
140.571	Amendment	August 21, 1992 (16 Ill. Reg. 12838)
140.572	Amendment	August 21, 1992 (16 Ill. Reg. 12838)
140.573	Amendment	August 21, 1992 (16 Ill. Reg. 12838)
140.574	Amendment	August 21, 1992 (16 Ill. Reg. 12838)
140.579	Amendment	August 21, 1992 (16 Ill. Reg. 12838)
140.580	Repeal	August 21, 1992 (16 Ill. Reg. 12838)
140.581	Repeal	August 21, 1992 (16 Ill. Reg. 12838)
140.700	Amendment	May 15, 1992 (16 Ill. Reg. 7576)
140. TABLE J	Repeal	August 21, 1992 (16 Ill. Reg. 12838)

- 10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

11) Time, Place, and Manner in which Interested Persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to Joanne Jones, Bureau of Rules and Regulations, Illinois Department of Public Aid, 100 South Grand Ave., 3rd Floor, Springfield, Illinois 62762. The Department will consider all written comments it receives within 30 days after the publication of this notice.



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TITLE 89: SOCIAL SERVICES  
CHAPTER I: DEPARTMENT OF PUBLIC AID  
SUBCHAPTER d: MEDICAL PROGRAMSPART 140  
MEDICAL PAYMENT

## SUBPART A: GENERAL PROVISIONS

Section	
140.1	Incorporation By Reference
140.2	Medical Assistance Programs
140.3	Covered Services Under The Medical Assistance Programs for AFDC, AFDC-MANG, AABD, AABD-MANG, RRP, Individuals Under Age 18 Not Eligible for AFDC, Pregnant Women Who Would Be Eligible if the Child Were Born and Pregnant Women and Children Under Age Eight Who Do Not Qualify As Mandatory Categorically Needy
140.4	Covered Medical Services Under AFDC-MANG for non-pregnant persons who are 18 years of age or older (Repealed)
140.5	Covered Medical Services Under GA
140.6	Medical Services Not Covered
140.7	Medical Assistance Provided to Individuals Under the Age of Eighteen Who Do Not Qualify for AFDC and Children Under Age Eight
140.8	Medical Assistance For Qualified Severely Impaired Individuals
140.9	Medical Assistance for a Pregnant Woman Who Would Not Be Categorically Eligible for AFDC/AFDC-MANG if the Child Were Already Born Or Who Do Not Qualify As Mandatory Categorically Needy
140.10	Medical Assistance Provided to Incarcerated Persons

## SUBPART B: MEDICAL PROVIDER PARTICIPATION/DRUG MANUAL

Section	
140.11	Enrollment Conditions for Medical Providers
140.12	Participation Requirements for Medical Providers
140.13	Definitions
140.14	Denial of Application to Participate in the Medical Assistance Program
140.15	Recovery of Money
140.16	Termination of a Vendor's Eligibility to Participate in the Medical Assistance Program
140.17	Suspension of a Vendor's Eligibility to Participate in the Medical Assistance Program
140.18	Effect of Termination on Individuals Associated with Vendor
140.19	Application to Participate or for Reinstatement Subsequent to Termination, Suspension or Barring
140.20	Submittal of Claims
140.21	Covered Medicaid Services for Qualified Medicare Beneficiaries (QMBs)

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140.22	Magnetic Tape Billings
140.23	Payment of Claims
140.24	Payment Procedures
140.25	Overpayment or Underpayment of Claims
140.26	Payment to Factors Prohibited
140.27	Assignment of Vendor Payments
140.28	Record Requirements for Medical Providers
140.30	Audits
140.31	Emergency Services Audits
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140.35	False Reporting and Other Fraudulent Activities
140.40	Prior Approval for Medical Services or Items
140.41	Prior Approval in Cases of Emergency
140.42	Limitation on Prior Approval
140.43	Post Approval for items or Services When Prior Approval Cannot Be Obtained
140.71	Reimbursement for Medical Services Through the Use of a C-13 Invoice Voucher Advance Payment and Expedited Payments
140.72	Drug Manual (Recodified)
140.73	Drug Manual Updates (Recodified)

## SUBPART C: PROVIDER PARTICIPATION FEES

Section	
140.80	Hospital Provider Fund
EMERGENCY	
140.82	Developmentally Disabled Care Provider Fund
EMERGENCY	
140.84	Long Term Care Provider Fund
EMERGENCY	
140.94	Medicaid Developmentally Disabled Provider Participation Fee Trust Fund/Medicaid Long Term Care Provider Participation Fee Trust Fund
EMERGENCY	
140.96	Hospital Services Trust Fund
EMERGENCY	
140.97	General Requirements (Recodified)
140.98	Special Requirements (Recodified)
140.99	Covered Hospital Services (Recodified)
140.100	Hospital Services Not Covered (Recodified)
140.101	Limitation On Hospital Services (Recodified)
140.102	Transplants (Recodified)
140.103	Heart Transplants (Recodified)
140.104	Liver Transplants (Recodified)
140.110	Bone Marrow Transplants (Recodified)
140.116	Disproportionate Share Hospital Adjustments (Recodified)
140.117	Payment for Inpatient Services for GA (Recodified)
140.200	Hospital Outpatient and Clinic Services (Recodified)
140.201	Payment for Hospital Services During Fiscal Year 1982 (Recodified)
	Payment for Hospital Services After June 30, 1982 (Repealed)



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140.202 Payment for Hospital Services During Fiscal Year 1983 (Recodified)  
140.203 Limits on Length of Stay by Diagnosis (Recodified)  
140.300 Payment for Pre-operative Days and Services Which Can Be Performed  
in an Outpatient Setting (Recodified)  
140.350 Copayments (Recodified)  
140.360 Payment Methodology (Recodified)  
140.361 Non-Participating Hospitals (Recodified)  
140.362 Pre July 1, 1989 Services (Recodified)  
140.363 Post June 30, 1989 Services (Recodified)  
140.364 Prepayment Review (Recodified)  
140.365 Base Year Costs (Recodified)  
140.366 Restructuring Adjustment (Recodified)  
140.367 Inflation Adjustment (Recodified)  
140.368 Volume Adjustment (Repealed)  
140.369 Groupings (Recodified)  
140.370 Rate Calculation (Recodified)  
140.371 Payment (Recodified)  
140.372 Review Procedure (Recodified)  
140.373 Utilization (Repealed)  
140.374 Alternatives (Recodified)  
140.375 Exemptions (Recodified)  
140.376 Utilization, Case-Mix and Discretionary Funds (Repealed)  
140.390 Subacute Alcoholism and Substance Abuse Services (Recodified)  
140.391 Definitions (Recodified)  
140.392 Types of Subacute Alcoholism and Substance Abuse Services  
(Recodified)  
140.394 Payment for Subacute Alcoholism and Substance Abuse Services  
(Recodified)  
140.396 Rate Appeals for Subacute Alcoholism and Substance Abuse Services  
(Recodified)  
140.398 Hearings (Recodified)

SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

Section  
140.400 Payment to Practitioners, Nurses and Laboratories  
140.410 Physicians' Services  
140.411 Covered Services By Physicians  
140.412 Services Not Covered By Physicians  
140.413 Limitation on Physician Services  
140.414 Requirements for Prescriptions and Dispensing of Pharmacy Items -  
Physicians  
140.416 Optometric Services and Materials  
140.417 Limitations on Optometric Services  
140.418 Department of Corrections Laboratory  
140.420 Dental Services  
140.421 Limitations on Dental Services

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140.422 Requirements for Prescriptions and Dispensing Items of Pharmacy  
Items - Dentists  
140.425 Podiatry Services  
140.426 Limitations on Podiatry Services  
140.427 Requirement for Prescriptions and Dispensing of Pharmacy Items -  
Podiatry  
140.428 Chiropractic Services  
140.429 Limitations on Chiropractic Services (Repealed)  
140.430 Independent Laboratory Services  
140.431 Services Not Covered by Independent Laboratory  
140.432 Limitations on Independent Laboratory Services  
140.433 Payment for Laboratory Services  
140.434 Record Requirements for Independent Laboratories  
140.435 Nurse Services  
140.436 Limitations on Nurse Services  
140.440 Pharmacy Services  
140.441 Pharmacy Services Not Covered  
140.442 Prior Approval of Prescriptions  
140.443 Filling of Prescriptions  
140.444 Compounded Prescriptions  
140.445 Prescription Items (Not Compounded)  
140.446 Over-the-Counter Items  
140.447 Reimbursement  
140.448 Returned Pharmacy Items  
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140.450 Record Requirements for Pharmacies  
140.452 Mental Health Clinic Services  
140.453 Definitions  
140.454 Types of Mental Health Clinic Services  
140.455 Payment for Mental Health Clinic Services  
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140.464 Psychiatric Clinics (Hospital-based)  
140.465 Speech and Hearing Clinics (Repealed)  
140.466 Rural Health Clinics  
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140.470 Home Health Services  
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140.473 Prior Approval for Home Health Services  
140.474 Payment for Home Health Services



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140.475 Medical Equipment, Supplies and Prosthetic Devices  
 140.476 Medical Equipment, Supplies and Prosthetic Devices for Which Payment Will Not Be Made  
 140.477 Limitations on Equipment, Supplies and Prosthetic Devices  
 140.478 Prior Approval for Medical Equipment, Supplies and Prosthetic Devices  
 140.479 Limitations, Medical Supplies  
 140.480 Equipment Rental Limitations  
 140.481 Payment for Medical Equipment, Supplies and Prosthetic Devices  
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 140.483 Limitations on Family Planning Services  
 140.484 Payment for Family Planning Services  
 140.485 Healthy Kids Program  
 140.486 Limitations on Medichex Services (Repealed)  
 140.487 Healthy Kids Program Timeliness Standards  
 140.488 Periodicity Schedule, Immunizations and Diagnostic Laboratory Procedures  
 140.490 Medical Transportation  
 140.491 Limitations on Medical Transportation  
 140.492 Payment for Medical Transportation  
 140.495 Psychological Services  
 140.496 Payment for Psychological Services  
 140.497 Hearing Aids

## SUBPART E: GROUP CARE

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 140.500 Group Care Services  
 140.502 Cessation of Payment at Federal Direction  
 140.503 Cessation of Payment for Improper Level of Care  
 140.504 Cessation of Payment Because of Termination of Facility  
 140.505 Continuation of Payment Because of Threat To Life  
 140.506 Provider Voluntary Withdrawal  
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 140.510 Determination of Need for Group Care  
 140.511 Services Provided Without Charge  
 140.512 Utilization Control  
 140.513 Utilization Review Plan (Repealed)  
 140.514 Certifications and Recertifications of Care  
 140.515 Management of Recipient Funds--Personal Allowance Funds  
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 140.519 Use or Accumulation of Funds  
 140.520 Management of Recipient Funds--Local Office Responsibility  
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 140.522 Reconciliation of Recipient Funds  
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140.524 Cessation of Payment Due to Loss of License  
 140.525 Eligibility For Quality Incentive Program (QUIP)  
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 140.529 Reviews  
 140.530 Basis of Payment for Long Term Care Services  
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 140.533 General Administration Costs  
 140.534 Ownership Costs  
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 140.539 Nurse's Aide Training and Testing  
 140.540 Costs Associated With Nursing Home Care Reform Act and Implementing Regulations  
 140.541 Salaries Paid to Owners or Related Parties  
 140.542 Cost Reports-Filing Requirements  
 140.543 Time Standards for Filing Cost Reports  
 140.544 Access to Cost Reports (Repealed)  
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AUTHORITY: Implementing Article III of the Illinois Health Finance Reform Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 6503-1 et seq.) and implementing and authorized by Articles III, IV, V, VII and Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13)

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; recodified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency

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amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill.



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Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.914, Table H and 140. Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147. Table A and 147. Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7025, effective April 24, 1989; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a

maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended at 14 Ill. Reg. 18813, effective November 6, 1990; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; Section 140.569 withdrawn at 15 Ill. Reg. 11174; amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency expired December 22, 1991; emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a maximum of 150 days; emergency expired January 12, 1992; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg. 17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective December 24, 1991; amended at 16 Ill. Reg. 1877, effective January 24, 1992; amended at 16 Ill. Reg. 3552, effective February 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992; amended at 16 Ill. Reg. 6498, effective March 20, 1992; amended at 16 Ill. Reg. 6849, effective April 7, 1992; amended at 16 Ill. Reg. 7017, effective April 17, 1992; amended at 16 Ill. Reg. 10050, effective June 5, 1992; amended at 16 Ill. Reg. 11174, effective June 26, 1992; expedited correction at 16 Ill. Reg. 11348, effective March 20, 1992; emergency amendment at 16 Ill. Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September 21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30, 1992; amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

SUBPART H: ILLINOIS COMPETITIVE ACCESS AND REIMBURSEMENT  
EQUITY (ICARE) PROGRAM



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## Section 140. Table K Services Qualifying for 10% Add-On

Code	Code Description
New Patient	
90000	Office-medical-service, new-patient-brief-service
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
90010	limited-service
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's need. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.
90015	intermediate-service
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's need. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
90017	extended-service
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and a medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physician's typically spend 45 minutes face-to-face with the

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## Section 140. TABLE K (continued)

90020	patient and/or family.
99205	comprehensive-service
	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of problem(s) and the patient's and/or family's need. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
	Established Patient
90030	Office-medical-service, established-patient, minimal-service
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
90040	brief-service
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
90050	limited-service
90060	intermediate-service
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and coordination of care are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physician's typically spend 15 minutes face-to-face with the patient and/or family.
90070	extended-service



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## Section 140.TABLE K (continued)

92214 Office or other outpatient visit for the evaluation and management of an established patient which requires at least two of these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's need. Usually, the presenting problem(s) are of moderate to moderate to high severity. Physician's typically spend 25 minutes face-to-face with the patient and/or family.

90980

comprehensive-service

92215

Office or other outpatient visit for the evaluation and management of an established patient which requires at least two of these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's need. Usually, the presenting problem(s) are of moderate to high severity. Physician's typically spend 40 minutes face-to-face with the patient and/or family.

## General Ophthalmological Services

## New Patient

A patient who is new to the physician whose medical and administrative record needs to be established.

(For brief or limited services to new patient, as for minor-adrenal condition, see-90900,--90010)

92002 Ophthalmological services; medical examination and evaluation with initiation of diagnostic and treatment program;

92004 intermediate, new patient comprehensive, new patient, one or more visits

## Established Patient

A patient whose medical and administrative records are available to the physician. The designation of new or established patient does not preclude the use of a specific level of service.

(For minimal, brief or limited services to an established patient, see 90030-90050)

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## Section 140.TABLE K (continued)

92012 Ophthalmological services; medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient comprehensive, established patient, one or more visits

92014

## Home Medical Services

## New Patient

90100

Home-medical-service, new patient, brief-service

92341

Home visit for the evaluation and management of a new patient, which requires these three components: a problem focused history; a problem focused examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity.

90110

limited-service

90115

intermediate-service

92342

Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.

90117

extended-service

92343

Home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity.

## Established Patient

90130

Home-medical-service, established-patient, minimal-service

90140

brief-service

92351

Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; and medical decision making that is straightforward or of low complexity. Counseling and/or



Section 140. TABLE K (continued)

coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving.

limited-service

intermediate-service

Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication.

extended-service

Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem.

90150

90160

99352

Diagnostic Procedures

81000

81002

81005

82465

82470

83645

84702

84703

85660

86580

86585

86592

87081

87083

87087

87088

Urinalysis, routine (ph specific gravity protein tests for reducing substances such as glucose), with microscopy

Urinalysis routine without microscopy

Chemical, qualitative, any number of constituents

Cholesterol, serum; total

Cholesterol, serum; total and ester

Lead Screening: Blood

Gonadotropin, chorionic quantitative pregnancy test

Gonadotropin, chorionic qualitative pregnancy test

Sickle of RBC, reduction slide method

Tuberculosis intradermal

TB Tine Test

Syphilis Test, qualitative

GC Culture Test, bacterial screening only

Culture, multiple organisms

Urine bacteria count, commercial kit

Urine bacteria culture, identification, in addition to colony count and commercial kit

1531592ILLINOIS REGISTER1531692

Section 140. TABLE K (continued)

87110 Chlamydia Culture

W7430 Denver DST

SCREENINGS (Rates Effective March 1, 1991)

Health Screening

Code	Description	Rate
1)	Birth to 02 weeks	11) 02 to 03 years
2)	02 weeks to 01 month	12) 03 to 04 years
3)	01 to 02 months	13) 04 to 05 years
4)	02 to 04 months	14) 05 to 06 years
5)	04 to 06 months	15) 06 to 08 years
6)	06 to 09 months	16) 08 to 10 years
7)	09 to 12 months	17) 10 to 12 years
8)	12 to 15 months	18) 12 to 14 years
9)	15 to 18 months	19) 14 to 16 years
10)	18 to 24 months	20) 16 to 18 years
		21) 18 to 21 years

\*OBRA '89 requires states to pay for screening services at intervals in addition to those identified in the basic periodicity schedule.

\*\* Make-up Visit may be billed when diagnostic procedures or immunizations are provided at a separate visit from the periodic health screening.

Vision Screening

Beginning at age three (03) through twenty (20) years, the Department will pay for one vision screening performed by a qualified provider per year for an eligible child. However, the Department will pay for other such screenings when medically necessary, regardless of child's age or medical history.



NOTICE OF PROPOSED AMENDMENTS

Section 140. TABLE K (continued)

Code	Description	Rate
W7087	Vision Screening	\$ 7.00

Hearing Screening

Beginning at age one (01) year for children at high risk for hearing problems and age three (03) years for all other children, the Department will pay for one hearing screening performed by a qualified provider per year for an eligible child. However, the Department will pay for other such screenings when medically necessary, regardless of a child's age or medical history.

Code	Description	Rate
W7020	Hearing Screening	\$ 7.00

Immunizations

W7403	Diphtheria, Tetanus, Pertussis (DPT 1)
W7404	DPT 2
W7402	DPT 3
W7405	DPT B1
W7406	DPT B2
W7407	Polio Virus, Live Oral (OPV 1)
W7408	OPV 2
W7409	OPV 3
W7410	OPV B1
W7411	OPV B2
W7412	DT 1
W7413	DT 2
W7414	DT 3
W7415	DT Booster 1
W7416	DT Booster 2
W7580	Measles
W7581	Rubella
W7582	Mumps
W7583	MMR
W7584	Measles, Rubella
W7585	Haemophilus B (HIB)

Immunizations are replaced by the Illinois Department of Public Health (IDPH) based on paid claims. Providers are encouraged to participate in the replacement program. To receive replacement vaccine, providers must have a signed certification form on file with the Illinois Department of Public Health.

NOTICE OF PROPOSED AMENDMENTS

Section 140. TABLE K (continued)

Health Insurance Claim Form (DFA 2360) enter X in 23A EPSDT Yes when using above codes.

Code	Code Description
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Allergy Testing

95000	Percutaneous test (scratch, puncture, prick) with allergenic extracts, up to 30 tests
95001	31-60 tests
95002	61-90 tests
95003	more than 90 tests
95005	Percutaneous tests (scratch, puncture, prick) with biologicals, stinging insects, 1-5 tests
95006	6-10 tests
95007	11-15 tests
95011X	more than 15 tests
95014	Intracutaneous (intradermal) tests, with antibiotics, biologicals, stinging insects, immediate reaction 15-20 minutes; 1-5 tests
95016	6-10 tests
95017	11-15 tests
95018X	more than 15 tests
95020	Intracutaneous (intradermal) tests with allergic extracts, immediate reaction 15-20 minutes; up to 10 tests
95021	11-20 tests
95022	21-30 tests
95023	more than 30 tests
95030	Intracutaneous (intradermal) tests with allergic extracts, delayed reaction 24 to 72 hours, including reading, 2 tests
95031	3-4 tests
95032	5-6 tests
95033	7-8 tests
95034	more than 8 tests
95040	Patch or application tests; up to 10 tests
95041	11-20 tests
95042	21-30 tests
95043	more than 30 tests
95050	Photo patch tests, up to 10 tests
95051	more than 10 tests

Allergy Immunotherapy

95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
95117	multiple injections



## DEPARTMENT OF PUBLIC AID

## NOTICE OF PROPOSED AMENDMENTS

## Section 140. TABLE K (continued)

- 95120 Professional services for allergen immunotherapy in prescribing physician's office or institution, including provision of allergenic extract; single antigen
- 95125 multiple antigens (specify number of injections)

Code	Code Description
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## Psychiatric Procedures

- 90801 Psychiatric diagnosis interview examination including history, mental status, or disposition (may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies); in certain circumstances, other informants will be seen in lieu of the patient; 50 minutes minimum.
- 90835 Narcosynthesis for psychiatric diagnostic and therapeutic purposes; e.g., amytal interview.
- W7460 Psychiatric Consultation - includes psychiatric history, mental status, diagnosis, conference with primary physician; 50 minutes minimum.
- 90843 Individual medical psychotherapy, with continuing medical diagnostic evaluation, and drug management when indicated, including psychoanalysis, insight oriented, behavior modifying or supportive psychotherapy; 20 minutes minimum.
- 90844 Individual medical psychotherapy, with continuing medical diagnostic evaluation, and drug management when indicated, including psychoanalysis, insight oriented, behavior modifying or supportive psychotherapy; 45 minutes minimum.
- 90847 Family medical psychotherapy (conjoint psychotherapy) with continuing medical diagnostic evaluation, and drug management when indicated; 45 minutes minimum.
- 90849 Multiple-family group medical psychotherapy, with continuing medical diagnostic evaluation, and drug management when indicated, 45 minutes minimum.
- W7464 Basic daily inpatient psychiatric care, time unspecified.
- 90853 Group medical psychotherapy, (other than of a multiple-family group) with continuing medical diagnostic evaluation, and drug management when indicated, 60 minutes minimum, maximum 8 persons.
- 90862 Chemotherapy management, including prescription, use and review of medication with no more than minimum medical psychotherapy.
- 90870 Electroconvulsive therapy.

## Function Tests (Audiological With Medical Diagnostic Evaluation)

- 92551 Screening test, pure tone, air only
- 92552 Pure tone audiometry (threshold); air only

## DEPARTMENT OF PUBLIC AID

## NOTICE OF PROPOSED AMENDMENTS

## Section 140. TABLE K (continued)

- 92553 air and bone
- 92555 Speech audiometry; threshold only
- 92557 Basic comprehensive audiometry (pure tone, air and bone, and speech, threshold and discrimination)

Code	Code Description
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## Other Services

- W7454 Family Planning Visit
- 59420 Prenatal visit
- 59430 Postpartum care
- 82270 Blood; occult feces, screening
- 90702 Diptheria and tetanus toxoids (adult)
- 90724 Influenza virus vaccine
- 94642 Prophylaxis for pneumocystis carinii pneumonitis

(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)



DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

NOTICE OF PROPOSED AMENDMENTS

1130.510 Amendment  
1130.620 Amendment  
1130.630 Amendment  
1130.640 Amendment  
1130.710 Amendment  
1130.720 Amendment  
1130.730 Amendment  
1130.740 Amendment  
1130.760 Amendment  
1130.770 Amendment  
1130.780 Amendment

10) Statement of Statewide Policy Objectives:

The rulemaking introduces a necessary control function in the design project consideration. Presently construction projects are allowed a 10 percent cost coverage on approved costs. As design projects contain no construction, no over-run will be allowed and the applicant will be held accountable for any costs that exceed the approved permit amount.

11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking:

Interested persons may present their comments concerning these rules by writing to Gail M. DeVito, Division of Governmental Affairs, Illinois Department of Public Health, 535 West Jefferson, Fifth Floor, Springfield, Illinois 62761 within 45 days after this issue of the Illinois Register.

These rules may have an impact on small businesses. In accordance with Sections 3.01 and 4.03 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Gail M. DeVito at the above address.

Any small business (as defined in Section 3.10 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

A) Date Rulemaking was Submitted to the Business Assistance Office of the Department of Commerce and Community Affairs:

B) Type of Small Businesses Affected:

Health Care

DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Health Facilities Planning Procedural Rules

2) Code Citation:

77 Ill. Adm. Code 1130

3) Section Numbers: Proposed Action:

1130.750 Amendment

4) Statutory Authority:

Health Facilities Planning Act  
Ill. Rev. Stat. 1991, ch. 111 1/2, par. 1151 et seq.

5) A Complete Description of the Subjects and Issues Involved:

The rulemaking introduces a necessary control function in the design project consideration. Presently construction projects are allowed a 10 percent cost coverage on approved costs. As design projects contain no construction, no overrun will be allowed and the applicant will be held accountable for any costs that exceed the approved permit amount.

6) Will this Rulemaking Replace an Emergency Rule Currently in Effect?

Yes ☒ X No ☐

7) Does this Rulemaking Contain an Automatic Repeal Date? Yes ☐ No ☒ X

If "yes," please specify the date: \_\_\_\_\_

8) Does this Rulemaking Contain any Incorporations by Reference? Yes ☐ No ☒ X

If "yes," please specify type: 6.02(a) ☐ or 6.06(b) ☐

9) Are there any Other Proposed Amendments Pending on this Part? Yes ☒ X No ☐

If yes:

Section Numbers	Proposed Action	Ill. Reg. Citation
1130.140	Amendment	March 27, 1992
1130.220	Amendment	16 Ill. Reg. 4755
1130.410	Amendment	



## DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

## NOTICE OF PROPOSED AMENDMENTS

C) Reporting, Bookkeeping or Other Procedures Required for Compliance:

D) Types of Professional Skills Necessary for Compliance:

The full text of the Proposed Amendments begins on the next page:

## DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

## NOTICE OF PROPOSED AMENDMENTS

## TITLE 77: PUBLIC HEALTH

CHAPTER II: DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES  
PLANNING BOARD

## SUBCHAPTER b: OTHER BOARD RULES

## PART 1130

## HEALTH FACILITIES PLANNING PROCEDURAL RULES

## SUBPART A: AUTHORITY, PURPOSE AND DEFINITIONS

Section	
1130.110	Statutory Authority/Applicability
1130.120	Public Hearings
1130.130	Purpose
1130.140	Definitions
1130.150	Incorporated Materials

## SUBPART B: WHO IS SUBJECT TO THE HEALTH FACILITIES PLANNING ACT

Section	
1130.210	Persons Subject to the Act
1130.220	Necessary Parties to the Application for Permit or Exemption

## SUBPART C: TRANSACTIONS SUBJECT TO REVIEW

Section	
1130.310	Transactions Subject to Review

## SUBPART D: TRANSACTIONS WHICH ARE EXEMPT FROM REVIEW

Section	
1130.410	Transactions Which Are Exempt from Review

## SUBPART E: PROCEDURAL REQUIREMENTS FOR EXEMPTIONS

Section	
1130.510	Requirements for Exemptions Involving the Acquisition of Major Medical Equipment
1130.520	Requirements for Exemptions Involving the Change in Ownership of a Health Care Facility Other Than a Health Maintenance Organization
1130.530	Requirements for Exemptions Involving Health Maintenance Organizations
1130.540	Requirements for Exemptions Involving Involuntary Discontinuation
1130.550	Agency Processing of an Application for Exemption
1130.560	State Board Action
1130.570	Validity of an Exemption



## DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

## NOTICE OF PROPOSED AMENDMENTS

## SUBPART F: PROCEDURAL REQUIREMENTS FOR THE REVIEW AND PROCESSING OF APPLICATIONS FOR PERMIT

Section	
1130.610	Duration of the Review Period and Time Frames
1130.620	Consultation, Classification and Completeness Review
1130.630	Agency Actions During the Review Period
1130.640	Extension of the Review Period Prior to Initial State Board Action
1130.650	Modification of an Application
1130.660	Approval of an Application
1130.670	Notice of Intent-to-Deny an Application
1130.680	Denial of an Application

## SUBPART G: PERMIT VALIDITY, REPORTING REQUIREMENTS AND REVOCATION

Section	
1130.710	Validity of Permits
1130.720	Authorization to Obligate and Obligation
1130.730	Extension of the Obligation Period
1130.740	Renewal of a Permit
1130.750	Alteration of a Project for Which a Permit Has Been Issued
1130.760	Annual Progress Reports
1130.770	Project Completion, Final Realized Costs and Cost Overruns
1130.780	Revocation of a Permit

## SUBPART H: DECLARATORY RULINGS

1130.810	Declaratory Rulings
1130. Appendix A	Annual Inflation Adjustments to Review Thresholds

NOTE: Capitalization denotes statutory language.

AUTHORITY: Implementing and authorized by the Illinois Health Facilities Planning Act (Ill. Rev. Stat. 1991, ch. 111 ½, pars. 1151 et seq.).

SOURCE: Adopted at 14 Ill. Reg. 7183, effective May 1, 1990; emergency amendment at 15 Ill. Reg. 4787, effective March 18, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 9731, effective June 17, 1991; emergency amendments at 16 Ill. Reg. 13153, effective August 4, 1992 for a maximum of 150 days; amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

Section 1130.750 Alteration of a Project for Which a Permit Has Been Issued

A permit is valid only for the defined construction or modification, equipment, site amount and person(s) named in the application.

## DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

## NOTICE OF PROPOSED AMENDMENTS

- a) If a permit holder proposes to alter a project for which a permit has been issued, a request for alteration must be submitted to the State Board. Such a request must contain a description of the proposed alteration and must address all applicable review criteria related to the alteration.
- b) The following proposed alterations require approval by the State Board:
  - 1) a change in the approved number of beds or stations; or
  - 2) a change in the categories of service approved; or
  - 3) a change in the square footage of the project if such change increases the exterior dimensions of the project; or
  - 4) an increase in the cost of the project which exceeds ten percent of the original approved permit amount; or
  - 5) an increase in the amount of funds to be borrowed; or
  - 6) an increase in the revised permit amount previously approved by alteration; or
  - 7) an increase in the cost of a master design project (See 77 Ill. Adm. Code 1110.60).

## c) Alteration Procedures

- 1) The State Agency shall review the request for compliance with the review criteria and submit its findings to the State Board. If additional information is needed by the Agency to perform a review of the request, the permit holder shall be notified in writing.
- 2) A request for alteration reviewed by the State Board is subject to the provisions of 77 Ill. Adm. Code 1110, 1210.30, 1120, 1230 or 1240 which are applicable to the individual project. Any proposed alterations to a project which would, when taken as a separate component, require a permit under the Act, shall not be subject to review under this Section but shall require a new application.

- d) Upon approval of a request for alteration, the Agency shall revise the permit to reflect the alteration and shall adjust all inventories accordingly.

- e) Decisions on requests for alteration shall be transmitted, in writing, to the permit holder by the Executive Secretary.

- f) Seven affirmative votes are required for approval of an alteration. The approval or denial of a request for alteration constitutes the State Board's final administrative decision. Approval of an alteration is based on the continued compliance of the project with 77 Ill. Adm. Code 1110, 1120, 1230 or 1240 as applicable.



## DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

## NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

## NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Processing, Classification Policies and Review Criteria2) Code Citation:

77 Ill. Adm. Code 1110

3) Section Numbers:

1110.60

1110.235

Proposed Action:

New Section

New Section

4) Statutory Authority:

Health Facilities Planning Act

Ill. Rev. Stat. 1991, ch. 111 1/2, par. 1151 et seq.

5) A Complete Description of the Subjects and Issues Involved:

The rulemaking establishes specific standards for the review of the design phase of the mega-project. Cost factors mandate that such design projects be submitted for permit approval. Regulations adopted provide the State Board with a mechanism for the initial review of the design costs as well as the anticipated construction that would occur as a result of the design project.

6) Will this Rulemaking Replace an Emergency Rule Currently in Effect?Yes X No \_\_\_\_\_7) Does this Rulemaking Contain an Automatic Repeal Date? Yes \_\_\_\_\_ No X

If "yes," please specify the date: \_\_\_\_\_

8) Does this Rulemaking Contain any Incorporations by Reference? Yes \_\_\_\_\_ No X

If "yes," please specify type: 6.02(a) \_\_\_\_\_ or 6.06(b) \_\_\_\_\_

9) Are there any Other Proposed Amendments Pending on this Part? Yes X No \_\_\_\_\_If yes:



## DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

## DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

## NOTICE OF PROPOSED AMENDMENTS

## NOTICE OF PROPOSED AMENDMENTS

Section NumbersProposed Action

1110.20 Repeal  
1110.30 Amendment  
1110.40 Amendment  
1110.55 Amendment  
1110.230 Amendment  
1110.240 New Section  
1110.320 Amendment  
1110.420 Amendment  
1110.530 Amendment  
1110.630 Amendment  
1110.730 Amendment  
1110.830 Amendment  
1110.910 Amendment  
1110.920 Amendment  
1110.930 Amendment  
1110.1030 Amendment  
1110.1210 Amendment  
1110.1220 Amendment  
1110.1230 Amendment  
1110.1410 Amendment  
1110.1420 Amendment  
1110.1430 Amendment  
1110.1730 Amendment  
1110.1830 Amendment  
1110.2030 Amendment  
1110.2310 Amendment  
1110.2320 Amendment  
1110.2330 Amendment  
1110.2410 New Section  
1110.2420 Amendment  
1110.2430 Amendment

10) Statement of Statewide Policy Objectives:

The rulemaking establishes specific standards for the review of the design phase of the mega-project. Cost factors mandate that such design projects be submitted for permit approval. Regulations adopted provide the State Board with a mechanism for the initial review of the design costs as well as the anticipated construction that would occur as a result of the design project.

11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking:12) Initial Regulatory Flexibility Analysis:

A) Date Rulemaking was Submitted to the Business Assistance Office of the Department of Commerce and Community Affairs:

B) Type of Small Businesses Affected:

Health Care

C) Reporting, Bookkeeping or Other Procedures Required for Compliance:

D) Types of Professional Skills Necessary for Compliance:

The full text of the Proposed Amendments begins on the next page:



## DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

## NOTICE OF PROPOSED AMENDMENTS

## TITLE 77: PUBLIC HEALTH

CHAPTER II: DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES  
PLANNING BOARD

## SUBCHAPTER a: ILLINOIS HEALTH CARE FACILITIES PLAN

## PART 1110

## PROCESSING, CLASSIFICATION POLICIES AND REVIEW CRITERIA

## SUBPART A: GENERAL APPLICABILITY AND PROJECT CLASSIFICATION

Section	
1110.10	Introduction to Part 1110
1110.20	Projects Required to Obtain a Permit
1110.30	Processing and Reviewing Applications
1110.40	Classification of Projects
1110.50	Recognition of Services Which Existed Prior to Permit Requirements
1110.55	Recognition of Non-Hospital Based Ambulatory Surgery Category of Service
1110.60	Master Design Projects

## SUBPART B: REVIEW CRITERIA--DISCONTINUATION

Section	
1110.110	Introduction
1110.120	Discontinuation--Definition
1110.130	Discontinuation--Review Criteria

SUBPART C: GENERAL REVIEW CRITERIA APPLICABLE TO ALL  
PROJECTS OTHER THAN DISCONTINUATION

Section	
1110.210	Introduction
1110.220	Definitions--General Review Criteria
1110.230	General Review Criteria
1110.235	Additional General Review Criteria

SUBPART D: REVIEW CRITERIA RELATING TO ALL PROJECTS INVOLVING  
ESTABLISHMENT OF ADDITIONAL BEDS OR SUBSTANTIAL CHANGE  
IN BED CAPACITY

Section	
1110.310	Introduction
1110.320	Bed Related Review Criteria

## SUBPART E: MODERNIZATION REVIEW CRITERIA

## DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

## NOTICE OF PROPOSED AMENDMENTS

Section	
1110.410	Introduction
1110.420	"Modernization Review Criteria"

SUBPART F: CATEGORY OF SERVICE REVIEW CRITERIA--  
MEDICAL/SURGICAL, OBSTETRIC, PEDIATRIC AND INTENSIVE CARE

Section	
1110.510	Introduction
1110.520	Medical/Surgical, Obstetric, Pediatric and Intensive Care--Definitions
1110.530	Medical/Surgical, Obstetric, Pediatric and Intensive Care--Review Criteria

SUBPART G: CATEGORY OF SERVICE REVIEW CRITERIA--COMPREHENSIVE  
PHYSICAL REHABILITATION

Section	
1110.610	Introduction
1110.620	Comprehensive Physical Rehabilitation--Definitions
1110.630	Comprehensive Physical Rehabilitation Beds--Review Criteria

## SUBPART H: CATEGORY OF SERVICE REVIEW CRITERIA--ACUTE MENTAL ILLNESS

Section	
1110.710	Introduction
1110.720	Acute Mental Illness--Definitions
1110.730	Acute Mental Illness--Review Criteria

## SUBPART I: CATEGORY OF SERVICE REVIEW CRITERIA--SUBSTANCE ABUSE

Section	
1110.810	Introduction
1110.820	Substance Abuse--Definitions
1110.830	Substance Abuse--Review Criteria

SUBPART J: CATEGORY OF SERVICE REVIEW CRITERIA--  
PERINATAL/HIGH RISK

Section	
1110.910	Introduction
1110.920	Neonatal/High Risk--Definitions
1110.930	Perinatal/High Risk--Review Criteria

## SUBPART K: CATEGORY OF SERVICE REVIEW CRITERIA--BURN



## DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

## NOTICE OF PROPOSED AMENDMENTS

1110.1010  
1110.1020  
1110.1030

Introduction  
Burn-Definitions  
Burn-Review Criteria

SUBPART L: CATEGORY OF SERVICE REVIEW CRITERIA--  
THERAPEUTIC RADIOLOGY

Section  
1110.1110  
1110.1120  
1110.1130

Introduction  
Therapeutic Radiology-Definitions  
Therapeutic Radiology-Review Criteria

SUBPART M: CATEGORY OF SERVICE REVIEW CRITERIA--OPEN  
HEART SURGERY

Section  
1110.1210  
1110.1220  
1110.1230

Introduction  
Open Heart Surgery-Definitions  
Open Heart Surgery-Review Criteria

SUBPART N: CATEGORY OF SERVICE REVIEW CRITERIA--CARDIAC  
CATHETERIZATION

Section  
1110.1310  
1110.1320  
1110.1330

Introduction  
Cardiac Catheterization-Definitions  
Cardiac Catheterization-Review Criteria

SUBPART O: CATEGORY OF SERVICE REVIEW CRITERIA--END STAGE  
RENAL DISEASE

Section  
1110.1410  
1110.1420  
1110.1430

Introduction  
End Stage Renal Disease-Definitions  
End Stage Renal Disease-Review Criteria

SUBPART P: CATEGORY OF SERVICE REVIEW CRITERIA--NON-HOSPITAL  
BASED AMBULATORY SURGERY

Section  
1110.1510  
1110.1520  
1110.1530  
1110.1540

Introduction  
Non-Hospital Based Ambulatory Surgery-Definitions  
Non-Hospital Based Ambulatory Surgery-Projects Not Subject to This Part  
Non-Hospital Based Ambulatory Surgery-Review Criteria

## DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

## NOTICE OF PROPOSED AMENDMENTS

SUBPART Q: CATEGORY OF SERVICE REVIEW CRITERIA--COMPUTER  
SYSTEMS

Section  
1110.1610  
1110.1620  
1110.1630

Introduction (Repealed)  
Computer Systems-Definitions (Repealed)  
Computer Systems-Review Criteria (Repealed)

SUBPART R: CATEGORY OF SERVICE REVIEW CRITERIA--GENERAL  
LONG-TERM CARE

Section  
1110.1710  
1110.1720  
1110.1730

Introduction  
General Long-Term Care-Definitions  
General Long-Term Care-Review Criteria

SUBPART S: CATEGORY OF SERVICE REVIEW CRITERIA--SPECIALIZED  
LONG-TERM CARE

Section  
1110.1810  
1110.1820  
1110.1830

Introduction  
Specialized Long-Term Care-Definitions  
Specialized Long-Term Care-Review Criteria

SUBPART T: CATEGORY OF SERVICE REVIEW CRITERIA--  
MAGNETIC RESONANCE

Section  
1110.1910  
1110.1920  
1110.1930

Introduction  
Magnetic Resonance-Definitions  
Magnetic Resonance-Review Criteria

SUBPART U: CATEGORY OF SERVICE REVIEW CRITERIA--HIGH LINEAR  
ENERGY TRANSFER (L.E.T.)

Section  
1110.2010  
1110.2020  
1110.2030

Introduction  
High Linear Energy Transfer (L.E.T.)-Definitions  
High Linear Energy Transfer (L.E.T.)-Review Criteria

SUBPART V: CATEGORY OF SERVICE REVIEW CRITERIA--POSITRON  
EMISSION TOMOGRAPHIC SCANNING (P.E.T.)



## DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

## NOTICE OF PROPOSED AMENDMENTS

## Section

1110.2110 Introduction  
 1110.2120 Positron Emission Tomographic Scanning (P.E.T.)—Definitions  
 1110.2130 Positron Emission Tomographic Scanning (P.E.T.)—Review Criteria

SUBPART W: CATEGORY OF SERVICE REVIEW CRITERIA—EXTRACORPOREAL  
 SHOCK WAVE LITHOTRIPSY

## Section

1110.2210 Introduction  
 1110.2220 Extracorporeal Shock Wave Lithotripsy—Definitions  
 1110.2230 Extracorporeal Shock Wave Lithotripsy—Review Criteria

SUBPART X: CATEGORY OF SERVICE REVIEW CRITERIA - EXTRA-RENAL  
 ORGAN TRANSPLANTATION

## Section

1110.2310 Introduction  
 1110.2320 Extra-Renal Organ Transplantation—Definitions  
 1110.2330 Extra-Renal Organ Transplantation—Review Criteria

## APPENDIX A Medical Specialty Eligibility/Certification Boards

## APPENDIX B State and National Norms on Square Footage by Department

APPENDIX C Statutory Citations for all State and Federal Laws and Regulations Referenced in  
 Chapter 3

AUTHORITY: Implementing and authorized by The Illinois Health Facilities Planning Act (Ill. Rev. Stat. 1991, ch. 111 1-2, pars. 1151 et seq.).

SOURCE: Fourth Edition adopted at 3 Ill. Reg. 30, p. 194, effective July 28, 1979; amended at 4 Ill. Reg., p. 129, effective January 11, 1980; amended at 5 Ill. Reg. 4895, effective April 22, 1981; amended at 5 Ill. Reg. 10297, effective September 30, 1981; amended at 6 Ill. Reg. 3079, effective March 8, 1982; emergency amendments at 6 Ill. Reg. 6895, effective May 20, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 11574, effective September 9, 1982; Fifth Edition adopted at 7 Ill. Reg. 5441, effective April 15, 1983, amended at 8 Ill. Reg. 1633, effective January 31, 1984; codified at 8 Ill. Reg. 18498; amended at 9 Ill. Reg. 3734, effective March 6, 1985; amended at 11 Ill. Reg. 7333, effective April 1, 1987, amended at 12 Ill. Reg. 16099, effective September 21, 1988; 13159, effective August 4, 1992 for a maximum of 150 days; amended at 16 Ill Reg. \_\_\_\_\_, effective \_\_\_\_\_.

NOTE: Capitalization denotes statutory language or paraphrase thereof.

## DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

## NOTICE OF PROPOSED AMENDMENTS

## SUBPART A: GENERAL APPLICABILITY AND PROJECT CLASSIFICATION

## Section 1110.60 Master Design Projects

## a) Definition

Master Design Project means a proposed project solely for the planning and/or design costs associated with an institutional master plan or with one or more future construction or modification projects. Project costs include: preplanning costs, site survey and soil investigation costs, architects fees, consultant fees and other fees related to planning or design. The master design project is for planning and design only and shall not contain any construction elements.

## b) Review Coverage

Master design projects shall be classified as substantive. Such projects shall be reviewed to determine: the financial and economic feasibility of the master design project itself, the need for the proposed master plan or for the future construction or modification project(s), and the financial and economic feasibility of the proposed master plan or of the future construction or modification project(s). Findings concerning the need for beds and services and financial feasibility made during the review of the master design project are applicable only for the master design project. Approval by the State Board of a master design project does not obligate approval or positive findings on future construction or modification projects implementing the design. Future applications including those involving the replacement or addition of beds are subject to the review criteria and bed need in effect at the time of State Board review.

## c) Applicable Review Standards

- 1) The estimated project costs of a master design project shall be subject to review only under the applicable review criteria of 77 Ill. Adm. Code 1120.
- 2) The master plan or the future construction or modification project(s) proposed pursuant to the master design project shall be subject to the applicable review criteria of 77 Ill. Adm. Code 1120 and the following review criteria found in this Part:
 

Section 1110.230 (a)	Location
Section 1110.230 (d)	Background of Applicant
Section 1110.230 (e)	Alternatives to the Proposed Project
Section 1110.230 (m)	Medical Education
Section 1110.235 (a)	System Impact
Section 1110.320 (a)	Establish of Additional Hospitals
Section 1110.320 (b)	Allocation of Additional Beds



## DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

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Section 1110.420 (b)	Modern Facilities
Section 1110.530 (a)	Unit Size
Section 1110.630 (a)	Facility Size
Section 1110.730 (a)	Unit Size
Section 1110.830 (b)	Establishment or Addition of Substance Abuse Beds
Section 1110.930 (b)	Letter of Agreement
Section 1110.1030 (b)	Unit Size
Section 1110.1130 (c)	Tumor Registry
Section 1110.1230 (b)	Establishment of Open Heart Surgery
Section 1110.1330 (b)	Establishment or Expansion of Cardiac Catheterization Service
Section 1110.1330 (d)	Modernization of Existing Cardiac Catheterization Equipment
Section 1110.1430 (b)	Minimum Size of Renal Dialysis Center or Renal Dialysis Facilities
Section 1110.1730 (a)	Facility Size
Section 1110.1730 (c)	Zoning
Section 1110.1830 (a)	Facility Size
Section 1110.1830 (c)	Recommendation from the State Agencies
Section 1110.1830 (e)	Zoning
Section 1110.1930 (d)	Multi-institutional Systems
Section 1110.2030 (a)	Initial Introduction
Section 1110.2130 (d)	Location
Section 1110.2330 (a)	Establishment of a Program

3) The applicant must document that all beds and services to be developed pursuant to the master design project must be needed and that access to each service will be improved as a result of the proposed master plan or the construction or modification project(s). The applicant must indicate an anticipated completion date(s) for the future construction or modification projects, and document that:

- A) the proposed number of beds and services to be developed pursuant to the master design project must be consistent with the bed or service need determination of 77 Ill. Adm. Code 1100; or
- B) if bed or service need determinations do not support the proposed number of beds and services, that there are existing factors which support the need for such development at the time of project completion. Such factors include but are not limited to:
  - i) limitations on governmental funded or charity patients that are expected to continue;
  - ii) restrictive admission policies of existing planning area health

## DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

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care facilities that are expected to continue;

- iii) the planning area population is projected to exhibit indicators of medical care problems such as average family income below poverty levels or projected high infant mortality; and

C) Utilization of the proposed beds and services will meet or exceed the utilization targets established in 77 Ill. Adm. Code 1100 within two years of completion of the future construction or modification project(s). Documentation shall include:

- i) historical service/bed utilization levels;
- ii) projected trends in utilization including the rationale and projection assumptions used in such projections;
- iii) anticipated market factors such as referral patterns or changes in populations characteristics (age, density, wellness) which would support utilization projections; and
- iv) anticipated changes in the delivery of the service due to changes in technology, care delivery techniques or physician availability which would support the projected utilization levels.

(Source: Added at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 1110.235 Additional General Review Criteria

a) "System Impact (Master Design Projects Only)" — Review Criterion. The applicant must document that the proposed master plan or future construction or modification project(s) will have a positive impact on the health care delivery system of the planning area in terms of improved access, long term institutional viability, and availability of services. Documentation shall address:

- 1) the availability of alternative health care facilities within the planning area and the impact the applicant's proposed future project(s) will have on the utilization of such facilities;
- 2) how the services proposed in the applicant's future project(s) will improve access to area residents;
- 3) what the potential impact on area residents would be if the proposed services were not to be replaced or developed; and
- 4) the anticipated role of the facility in the delivery system including anticipated patterns of patient referral, any contractual or referral agreement between the



## DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

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applicant and other providers which will result in the transfer of patients to the applicant's facility.

b) Relationship to Previously Approved Master Design Projects -- Review Criterion

- 1) The applicant must document that any construction or modification project submitted pursuant to an approved master design project is consistent with the approved design permit. When such construction or modification represents a single phase of a multiple phase master plan, the applicant must document that the proposed phase is consistent with the approved master plan, and that any elements which will be utilized to support additional phases are justified under the approved master design permit. Documentation shall consist of:

- A) schematic architectural plans for all construction or modification approved in the master design permit;
- B) the estimated project cost for the proposed project and also for the total construction/modification project approved in the master design permit;
- C) an item by item comparison of the construction elements (i.e. site, number of buildings, number of floors, etc.) in the proposed project to the approved master design permit; and
- D) a comparison of proposed beds and services to those approved under the master design permit.

- 2) Approval of a proposed construction or modification project that is but one phase in a multiple phase project does not obligate approval or positive findings on construction or modification projects in future phases. Future applications including those involving the replacement or addition of beds are subject to the review criteria and bed need in effect at the time of State Board review.

(Source: Added at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF REVENUE

## NOTICE OF PROPOSED RULEMAKING

- 1) Heading of the Part: Nursing Home Grant Assistance Act

- 2) Code Citation: 86 Ill. Adm. Code 535

- 3) Section Numbers: Proposed Action:

535.101	New Section
535.105	New Section
535.110	New Section
535.115	New Section
535.120	New Section
535.125	New Section
535.130	New Section
535.135	New Section
535.140	New Section
535.145	New Section
535.150	New Section

- 4) Statutory Authority: The Nursing Home Care Grant Assistance Act (P.A. 87-863)

- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking implements the Nursing Home Grant Assistance Act which provides for certain individuals in need of financial support who reside in skilled nursing or intermediate long term care facilities. The rules explain the rights and responsibilities of long term care facilities and eligible individuals. The rules set forth provisions for determinations of eligibility, and explain the method of by which payments will be made to eligible individuals.

- 6) Will this proposed rule replace an emergency rule currently in effect: Yes

- 7) Does this rulemaking contain an automatic repeal date? No

- 8) Does this proposed amendment contain incorporations by reference? No

- 9) Are there any other proposed amendments pending on this Part: No

- 10) Statement of Statewide Policy Objectives: This rulemaking neither imposes a State mandate, nor modifies an existing mandate.

- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to submit comments on this proposed rule may submit them in writing by no later than 45 days after publication of this notice to:



## ILLINOIS REGISTER

## DEPARTMENT OF REVENUE

## NOTICE OF PROPOSED RULEMAKING

Michael J. Wynne  
General Counsel  
Illinois Department of Revenue  
Legal Services Bureau  
101 West Jefferson  
Springfield, Illinois 62708  
Phone: (217) 785-8256

12) Initial Regulatory Flexibility Analysis:

- A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: September 25, 1992
- B) Types of small businesses affected: Any small business that operates a skilled nursing or intermediate care long term care facility.
- C) Reporting, bookkeeping or other procedures required for compliance: The rulemaking does nothing more than explain the manner in which the statutory recordkeeping requirements are to be implemented.
- D) Types of professional skills necessary for compliance: Basic bookkeeping skills.

The full text of the Proposed Rulemaking is identical to the text of the emergency amendments which appear in this issue of the Register on page 15579.

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## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of Part: Department of Personnel
- 2) Code Citation: 80 Ill. Adm. Code 420
- 3) Section Number Proposed Action  
420.330 Amendment
- 4) Statutory Authority: Implementing and authorized by Section 10 of the Secretary of State Merit Employment Code (Ill. Rev. Stat. 1990, ch. 124, par. 110)
- 5) A Complete Description of the Subjects and Issues Involved: Amends the rule governing intermittent scheduling to provide flexibility in arranging schedules due to departmental reorganization.
- 6) Will this proposed rule replace an emergency rule currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain incorporations by reference? No
- 9) Are there any other amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives:  
  
This rulemaking does not affect units of local government.
- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking. Written comments may be submitted within 45 days to:  
  
Elizabeth M. Vogt  
Assistant Counsel  
Secretary of State's Office  
298 Centennial Building  
Springfield, Illinois 62756
- 12) Initial Regulatory Flexibility Analysis:  
  
After careful consideration, the Secretary of State does not feel that this rulemaking will have any adverse effect on small businesses and so this rulemaking was not submitted to the Small Business Office of the Department of Commerce and Community Affairs.

The full text of the proposed amendments begins on the next page:



Section 420.10

Section 420.200  
420.210  
420.220

Section 420.300  
420.310  
420.320  
420.330  
420.340  
420.350  
420.360  
420.370  
420.380  
420.390  
420.400  
420.410  
420.420  
420.430  
420.435

Section 420.600  
420.610  
420.620  
420.630  
420.640

Section 420.1000  
420.1010  
420.1030

Section 420.330

Section 420.600  
420.610  
420.620  
420.630  
420.640

Section 420.600  
420.610  
420.620  
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Section 420.600  
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## NOTICE OF PROPOSED AMENDMENT(S)

b) Limitations on Intermittent Employees: An intermittent employee will be subject to the following limitations and conditions of employment, but will otherwise be covered by the full benefits of Jurisdiction A, B and C.

a) Intermittent employees shall not be utilized as replacements for permanent employees, but they may substitute for absent employees. An effort will be made to balance the hours worked among intermittents of the same title within the same organizational unit.

2) Intermittents will work a maximum of 1500 hours per year (12-month period), minimum of 800. There shall be not more than a 10% variance in hours scheduled from the original in-hire Schedule (see the definition of "work schedule" in Section 420.810) in the same title and organizational units.

Intermittent employees whose schedules vary more than 10% may grieve or appeal such schedule changes. ~~An effort will be made to balance the hours worked among the intermittents.~~ Intermittents worked more than 1500 hours shall be reallocated in accordance with Section 420.210(a), (b) and (c) to permanent full-time positions. Intermittents offered work less than their permissible minimum in-hire schedule shall be deemed suspended without cause and may grieve or appeal in accordance with the applicable rules regarding suspensions. Nothing in this Paragraph (2) shall be deemed to prevent a legitimate reorganization to promote the efficiency of the agency. In the event such a reorganization temporarily precludes full compliance with this Paragraph, management shall have six months in which to revise its schedules in order to bring them into compliance.

3) The continuous service of an intermittent employee shall be computed on the basis of ours worked, each 7 1/2 hours being equivalent to one day.

4) An intermittent employee shall accrue sick and vacation leave on a prorated basis, dependent upon the amount of time in pay status during a given month.

5) Intermittent employees shall receive full pay for an official holiday if scheduled to work that day of the week and they have worked the last scheduled work day before the holiday and the first scheduled work day after the holiday.

6) Employees refusing to be scheduled three times in one calendar quarter shall be considered for discharge for failure to perform assigned duties, if given 24-hour notice of scheduling, unless proof of illness or death in the family is presented.

## NOTICE OF PROPOSED AMENDMENT(S)

7) An ~~semi-~~ annual review of the intermittent program will be made by the Director of Personnel to insure compliance with this Part.

(Source: Amended at \_\_\_\_ Ill. Reg. \_\_\_\_, effective \_\_\_\_)



## TREASURER

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Merit and Fitness
- 2) Code Citation: 80 Ill. Adm. Code 620
- 3) Section Number: 620.130 Proposed Action:  
Amendment
- 4) Statutory Authority: Ill. Rev. Stat. 1991, ch. 130, par. 101 et seq.
- 5) A Complete Description of the Subjects and Issues Involved:  
Amending Section 620.130 of the Ill. Adm. Code as required by Public Act 87-796.
- 6) Will this proposed rule replace an emergency rule currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this proposed rule contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: These rules will not create or enlarge a State mandate.
- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Written comments may be submitted within 45 days of the publication of this notice to:

David Vaught  
Office of the Treasurer  
Suite 15-600, State of Illinois Center  
Chicago, IL 60601  
(312) 814-1700

- 12) Initial Regulatory Flexibility Analysis:
- A) Date amendment was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: July 7, 1992
- B) Types of small businesses affected: The amendment set forth in this Part will not affect small businesses.
- C) Reporting, bookkeeping or other procedures required for compliance: Small businesses will not be required to undertake any reporting or bookkeeping activities pursuant to this Part.
- D) Types of professional skills necessary for compliance: No professional skills are required of small businesses pursuant to this Part.

## TREASURER

## NOTICE OF PROPOSED AMENDMENTS

The full text of the Proposed Amendments begins on the next page.



TREASURER

NOTICE OF PROPOSED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES  
SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND  
POSITION CLASSIFICATIONS  
CHAPTER IV: TREASURER

PART 620  
MERIT AND FITNESS

SUBPART A: APPLICATION AND EXAMINATION

## Section

620.110 Examinations  
620.120 Examinations - Time and Place  
620.130 Veterans' Preference  
620.140 Equal Opportunity  
620.150 Residency Requirement  
620.160 Employment of Family Members  
620.170 Linguistic Requirements  
620.180 Eligible Lists  
620.190 Responsibilities of Eligibles  
620.200 Appointments - Positions Subject to the Code  
620.210 Types of Status  
620.220 Extension of the Code

SUBPART B: CONTINUOUS SERVICE

## Section

620.310 Definition  
620.320 Interruptions in Continuous Service  
620.330 Deductions from Continuous Service  
620.340 Veterans Continuous Service  
620.350 Peace Corps or Job Corps Enrollees Continuous Service  
620.360 Accrual and Retention of Continuous Service During Certain Leaves  
620.370 Limitations on Continuous Service

SUBPART C: PERFORMANCE REVIEW

## Section

620.410 Performance Records  
620.420 Performance Evaluation Forms

SUBPART D: PROBATIONARY STATUS

## Section

620.510 Probationary Period  
620.520 Certified Status  
620.530 Status Change in Probationary Period

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NOTICE OF PROPOSED AMENDMENTS

SUBPART E: PROMOTIONS

## Section

620.610 Definitions  
620.620 Eligibility for Promotion  
620.630 Limitations on Promotions  
620.640 Failure to Complete Probationary Period

SUBPART F: EMPLOYEE TRANSFER

## Section

620.710 Transfer  
620.720 Intra-agency Transfer  
620.730 Inter-agency Transfer  
620.740 Rights of Transferred Employees  
620.750 Transfer of Duties  
620.760 Limitation on Transfers

SUBPART G: DEMOTION

## Section

620.810 Definition  
620.820 Notice to Employee  
620.830 Employee Obligations  
620.840 Salary and Other Benefits of Employee  
620.850 Appeal by Certified Employee  
620.860 Demotion of Other Employees  
620.870 Status of Demoted Employees

SUBPART H: LAYOFFS AND REEMPLOYMENT

## Section

620.910 Layoff Procedure  
620.920 Order of Layoff  
620.930 Effective Date of Layoff  
620.940 Disapproval  
620.950 Reemployment Lists  
620.960 Employment from Reemployment List  
620.970 Removal of Names from Reemployment List  
620.980 Laid Off Probationary Employees  
620.990 Reconsideration Request Laid Off Certified Employee

SUBPART I: VOLUNTARY REDUCTION

## Section

620.1010 Voluntary Reduction of Certified and Probationary Employees  
620.1020 Limitations in Voluntary Reduction  
620.1030 Employee Opportunity to Seek Voluntary Reduction  
620.1040 Order of Preference in Voluntary Reduction



## TREASURER

## NOTICE OF PROPOSED AMENDMENTS

## SUBPART J: RESIGNATION AND REINSTATEMENT

Section	
620.1110	Resignation
620.1120	Reinstatement
620.1210	Progressive Corrective Discipline
620.1220	Discipline-Written Warnings
620.1230	Suspension Totalling Not More Than Thirty Days in any Twelve Month Period
620.1240	Suspension Totalling More Than Thirty Days in any Twelve Month Period
620.1250	Notice of Suspension to Employee
620.1260	Employee Obligations
620.1270	Hearing-Suspension Thirty Calendar Days or More
620.1280	Suspension Pending Decision on Discharge
620.1290	Approval of Director of Personnel
620.1300	Discharge of Certified Employee
620.1310	Notice of Discharge to Employee
620.1320	Appeal by Employee
620.1330	Discharge of Probationary Employee
620.1340	Reinstatement from Suspension or Discharge
620.1350	Prohibition of Discrimination

AUTHORITY: Implemented and authorized by the State Treasurer Employment Code (Ill. Rev. Stat. 1991, ch. 130, pars. 101 et seq.).

SOURCE: Adopted at 14 Ill. Reg. 21036, effective December 11, 1990; amended at 16 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## Section 620.130 Veterans' Preference

~~Qualified persons who have passed an examination and who have been members of the armed forces of the United States in times of hostilities with a foreign country (as set out in the Code) or while citizens of the United States were members of the armed forces of the United States in time of hostilities with a foreign country, shall be granted preference in entrance examinations as follows:~~

- a) ~~Five points shall be added to the entrance grade for such non-disabled veteran eligibles.~~
- b) ~~Ten points shall be added to the entrance examination grade for such veteran eligibles currently receiving compensation from the United States Veteran's Administration or from such allied country for war service-connected disabilities.~~
- c) ~~If category ratings are used, the veteran eligibles in each category shall be preferred for appointment before the non-veteran eligibles in the same category.~~
- d) ~~For the granting of appropriate preference in entrance examinations to qualified persons who have been members of the armed forces of the United States or to qualified persons who, while citizens of the United States, were members of the armed forces of allies of the United States in time of hostilities with a foreign country, and to certain other persons as set forth in this Section.~~

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- 1) "Time of hostilities with a foreign country" means any period of time in the past, present, or future during which a declaration of war by the United States Congress has been or is in effect or during which an emergency condition has been or is in effect that is recognized by the issuance of a presidential proclamation or a Presidential executive order and in which the armed forces expeditionary medal or other campaign service medals are awarded according to Presidential executive order.
- 2) "Armed forces of the United States" means the United States Army, Navy, Air Force, Marine Corps, Coast Guard, Service in the Merchant Marines that constitutes active duty under Section 401 of federal Public Law 95-202 shall also be considered service in the Armed Forces of the United States for purposes of this Section.
- b) The preference granted under this Section shall be in the form of Points added to the final grades of the persons if they otherwise qualify and are entitled to appear on the list of those eligible for appointments.
- c) A veteran is qualified for a Preference of 10 points if the veteran currently holds proof of a service connected disability from the United States Department of Veterans Affairs or an allied country or if the veteran is a recipient of the Purple Heart.
- d) A veteran who has served during a time of hostilities with a foreign country is qualified for a preference of 5 points if the veteran served under one or more of the following conditions:
  - 1) The veteran served a total of at least 6 months, or
  - 2) The veteran served for the duration of hostilities regardless of the length of engagement, or
  - 3) The veteran was discharged on the basis of hardship, or
  - 4) The veteran was released from active duty because of a service connected disability and was discharged under honorable conditions.
- e) A person not eligible for a preference under subsection (c) or (d) above is qualified for a preference of 3 points if the person has served in the armed forces of the United States, the Illinois National Guard, or any reserve component of the armed forces of the United States and the person:
  - 1) service for at least 6 months and has been discharged under honorable conditions or
  - 2) has been discharged on the ground of hardship or
  - 3) was released from active duty because of the service connected disability.

An active member of the National Guard or a reserve component of the armed forces of the United States is eligible for the preference if the member meets



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the service requirements of this subsection.

- f. The rank order of persons entitled to a preference on eligible lists shall be determined on the basis of their augmented ratings. When the Director establishes eligible lists on the basis of category ratings such as "superior," "excellent," "well qualified," and "qualified," the veteran eligible in each such category shall be preferred for appointment before the non-veteran eligibles in the same category.
- g. Employees in positions covered by this Code who, while in good standing, leave to engage in military service during a period of hostilitv, shall be given credit for seniority purposes for time served in the armed forces.
- h. A surviving unmarried spouse of a veteran who suffered a service connected death or the spouse of a veteran who suffered a service connected disability that prevents the veteran from qualifying for civil service employment shall be entitled to the same preference to which the veteran would have been entitled under this Section.
- i. A preference shall also be given to the following individuals: 10 points for one parent of an unmarried veteran who suffered a service connected death or a service connected disability that prevents the veteran from qualifying for civil service employment. The first parent to receive a civil service appointment shall be the parent entitled to the preference.

(SOURCE: Amended at 16 Ill. Reg. \_\_\_\_\_ effective \_\_\_\_\_.)

## BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of Part: Program Content and Guidelines for Division of Specialized Care for Children.
- 2) Code Citation: 89 Ill. Adm. Code 1200
- 3) Section Numbers:  
 1200.10 Adopted Action:  
 1200.20 Amendments  
 1200.30 Amendments  
 1200.40 Amendments  
 1200.50 Amendments  
 1200.60 Amendments  
 1200.70 Amendments  
 1200.80 Amendments  
 1200.100 Amendments  
 1200.110 Amendments  
 Appendix A
- 4) Statutory Authority: Implementing Section 1 of "AN ACT enabling the University of Illinois to qualify for Federal funds and aid in relation to the administration of the Division of Specialized Care for Children" (111. Rev. Stat. 1991, ch. 144, par. 67.1) and authorized by Section 1 of "AN ACT to provide for the organization and maintenance of the University of Illinois" (111. Rev. Stat. 1991, ch. 144, par. 21 m).
- 5) A Complete Description of the Subjects and Issues Involved: Amendments to name change of agency; use of "disabled" instead of "crippled"; retroactive date of eligibility; time frames for families to notify us regarding a change in financial status, for application, for receiving applications for continuing eligibility for receipt of supplemental information, for families to return a signed financial participation agreement, for notifying us of change in medical insurance; new definition for "completed application"; acceptance of financial criteria documentation from other state agencies; option for families to pay vendors directly; Illinois Comprehensive Health Insurance Program participants; extended financial eligibility period in certain cases; amended financial criteria used for determination of eligibility; minor amendments in terminology in the insurance/payment, services, standards, and providers sections; added a new paragraph on Clinical Laboratories to the Standards; and updated the Income Scale for FY 93.
- 6) Will this proposed rule replace an emergency rule currently in effect?  
 No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this proposed amendment contain incorporations by reference? No
- 9) Are there any other proposed amendments on this Part? No



## BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS

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- 10) Statement of Statewide Policy Objectives (if applicable): Not applicable
- 11) Time, Place and Manner in which interested persons may comment on these proposed amendments: Written comments may be submitted to the Director of the Division of Specialized Care for Children, P.O. Box 19481, Springfield, IL 62794-9481, within 14 days.
- 12) Initial Regulatory Flexibility Analysis:
- A) Date Rule was submitted to the Business Assistance Office of Commerce and Community Affairs: No written response was received from the inquiry regarding the proposed rules and a pursuant telephone call resulted in a statement from that agency that it had no response to the proposed rules; therefore feel this does not apply.
- B) Types of small business affected: None
- C) Reporting, bookkeeping or other procedures required for compliance: None
- D) Types of professional skills necessary for compliance: None

The full text of Proposed Amendments begins on the next page:

## BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS

## NOTICE OF PROPOSED AMENDMENTS

PART 1200  
PROGRAM CONTENT AND GUIDELINES FOR DIVISION  
OF SERVICES FOR CRIPPLED SPECIALIZED CARE FOR CHILDREN

## Section

1200.10 Purpose and Description  
1200.20 Definitions  
1200.30 Eligibility: General  
1200.40 Medical Eligibility  
1200.50 Financial Eligibility  
1200.60 Appeal Process  
1200.70 Payment for Services  
1200.80 Availability of Services  
1200.90 Rates of Payment  
1200.100 Standards for Health Care Professionals  
1200.110 Standards for Health Care Facilities  
1200.120 Records  
1200.130 Reports  
Appendix A Income Scale  
Appendix B Payment Scale

AUTHORITY: Implementing Section 1 of "AN ACT enabling the University of Illinois to qualify for Federal funds and aid in relation to the administration of the Division of Specialized Care for Children" (Ill. Rev. Stat. 1991, ch. 144, par. 67.1) and authorized by Section 1 of "AN ACT to provide for the organization and maintenance of the University of Illinois" (Ill. Rev. Stat. 1991, ch. 144, par. 21 m).

SOURCE: Adopted at 11 Ill. Reg. 3508, effective February 10, 1987;  
amended at 13 Ill. Reg. 9283, effective June 6, 1989;  
amended at 14 Ill. Reg. 5136, effective March 22, 1990;  
amended at 111. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## Section 1200.10 Purpose and Description

## a) General Program

- 1) The Division of ~~Services for Crippled~~ Specialized Care for Children (hereinafter referred to as "DSCC" or "the Division") is the department of the University of Illinois designated to receive and administer funds and aid under Federal and State programs, including the Maternal and Child Health Services Block Grant (U.S.C. ch. 42, par. 701 et seq., effective January 2, 1968) as implemented by 42 C.F.R. Part 51a, et seq., for the purpose of providing habilitative, rehabilitative, and medical treatment to ~~crippled~~ disabled children, as provided in Section 1 of "An Act enabling the University of Illinois to qualify for Federal Funds and aid in relation to the



## BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS

## NOTICE OF PROPOSED AMENDMENTS

administration of the Division of Specialized Care for Children" (Ill. Rev. Stat. 1991, ch. 144, par. 67.1 effective July 8, 1957) ("the Act"). The objectives of DSCC are as follows:

- A) to provide for early evaluation of ~~crippled~~ disabled children with conditions eligible for the services of the Division;
  - B) to develop and implement a mechanism for evaluation and diagnosis required to carry out the purposes of this Part;
  - C) to offer or arrange for the necessary specialized medical care and related habilitative services for eligible ~~crippled~~ disabled children;
  - D) to develop, promote or improve the standards of care required by ~~crippled~~ disabled children;
  - E) to make efforts, within the resources of DSCC, to coordinate benefits for children who are eligible for other state programs providing benefits to children with health problems.
- 2) All services are provided subject to budgetary limitations and annual appropriations to the state and federal programs through which DSCC is funded.

## b) Supplemental Security Income - Disabled Children's Program (SSI-DCP)

- 1) DSCC administers this program for the State of Illinois in accordance with Section 1615(a)(2) of "Subchapter XVI - Supplemental Security Income for Aged, Blind, and Disabled" (U.S.C. ch. 42, par. 1382d(a)(2), effective August 14, 1935) to the extent provided in this Part.
- 2) Children are evaluated as eligible for this program by the Social Security Administration of the U.S. Government and its regional offices as well as the Department of Rehabilitation Services of the State of Illinois through its Disability Adjudication Unit. Children so deemed eligible by those agencies are referred to DSCC for disposition.
- 3) An SSI-DCP-eligible child with a Medically Eligible Condition shall be deemed to be entitled to DSCC benefits in accordance with and subject to this Part. (See Section 1200.40 of this Part.) All other SSI-DCP-eligible children will be referred by DSCC to programs, services, or institutions providing assistance to said children whenever such programs, services, or institutions are available.

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## c) Service Population

Children suspected of having Medically Eligible Conditions represent the potential service population. Such children, if not already specifically diagnosed, may be referred to DSCC for a diagnostic evaluation.

## d) Availability of Information

- 1) All information distributed by DSCC about its programs, as well as all official DSCC forms and/or applications are available in both English and Spanish.
- 2) For further descriptions of available DSCC information and DSCC information dissemination techniques, see DSCC Internal Operating Rules, (2 Ill. Adm. Code Sec. 5155).

(Source: Amended at — Ill. Reg. —, effective — )  
Section 1200.20 Definitions

- a) Adjusted Family Income: The amount equal to the family's ~~A~~ annual Gross Total Income as defined in Section 1200.50(d)(2) ~~less exclusions under Section 1200.50(d)(3) and less allowable expenses as determined pursuant to Section 1200.50(d)(4)(3).~~
- b) Advisory Board: As established in Section 2 of the Act, ~~seven~~ physicians or surgeons appointed by the University of Illinois Board of Trustees who advise the University of Illinois and the Division on qualifying for Federal funds, make recommendations to the University and the Division regarding the provision of services to ~~crippled~~ disabled children, and consult with the Division and the University regarding general policy considerations.
- c) Allowable Expenses: Deductions from the ~~gross family income~~ annual Total Income as specified in Section 1200.50(d)(4)(3).
- d) Amenable to Treatment: Reasonable medical certainty of long term developmental improvement as determined by the treating physician.
- e) Annual Gross Total Income: The amount of a family's income determined pursuant to Section 1200.50(d)(2) ~~and (3).~~
- f) Applicant: One applying for DSCC eligibility. The term as used in this Part refers to the child.
- g) Assistive Appliance: Equipment intended to support, replace or augment a dysfunctioning or non-functioning part of the body. Such appliances -- which may be mechanical, structural or electrical --



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are intended to support specific rehabilitative objectives determined by the child's health care providers.

- h) Authorized Services: Direct medical care and related care for a Recipient Child, as more completely set forth in Sec. 1200.80(e) of this Part, which DSCC staff has provided for payment.
- i) Chronic Condition: Condition which is expected to be long lasting or to be lifelong.
- j) Completed Application: A signed and dated request for program benefits made by the LRA on a form specified by the agency which contains current, accurate and relevant information in every space required by the form.
- k) Consent: An agreement by a Legally Responsible Adult to a certain course of action involving him/herself or his/her Recipient Child. Such consent will only be valid when the consenting person:
  - 1) has been informed by the physician(s) treating a Recipient Child of such foreseeable risks, results, and alternatives to a proposed medical procedure as a reasonable medical practitioner of the same school, in the same or similar circumstances, would make known to his/her patients;
  - 2) agrees in writing to the performance of the procedure for which consent was sought;
  - 3) has been informed that the granting of consent is voluntary and may be revoked at any time.

k) Crippled Disabled Child: An individual below the age of 21 who has a physical impairment or an organic disease, function, defect, or condition which may hinder the achievement of normal growth and/or development.

l) Diagnostic Services: Those medical services which provide information necessary to determine a child's medical eligibility for participation in the DSCC treatment program, i.e., whether an Applicant has a Medically Eligible Condition. See Section 1200.40 of this Part. Diagnostic Services shall also include any initial interviews provided as a part of the application process.

m) Emergency: A medical situation requiring immediate medical care and services to avoid loss of life, permanent loss of good health, or permanent degradation of state of health.

n) Field Clinic: A community-based clinic which meets on a periodic basis for the purpose of diagnosis and treatment. Such clinics are organized and operated by DSCC and utilize DSCC approved providers.

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- o) Financial Participation Agreement (FPA): The agreement between DSCC and the Legally Responsible Adult(s) which specifies the family's monetary obligation to pay for a specified portion of approved direct medical care and/or related care for their Recipient Child, which agreement must be signed prior to receiving DSCC benefits. This amount is determined according to the Payment Scale, Appendix B, of this Part and through the rules established in this Part.
- p) Full Financial Assistance: When DSCC pays, to the extent provided for in this Part, for all of a Recipient Child's DSCC authorized services not covered by the family's insurance. To determine eligibility see Section 1200.50 of this Part.
- q) Health Care Professional: Any individual or corporation licensed or certified to provide health care services to a patient and practicing in a commonly recognized field of knowledge. The term shall include but shall not be limited to Physicians and Other Health Care Professionals as defined in Section 1200.100(a)(3).
- r) Health Care Facility: Any Diagnostic and Treatment Facility within the contemplation of Section 1200.110 (a) and any Outpatient Therapy Center within the contemplation of Section 1200.110(b) of this Part.
- s) Health Care Provider: Any Health Care Professional, Health Care Facility, or any Medical Equipment Supplier within the meaning of Section 1200.110(c) of this Part.
- t) Income: Money received by an Applicant, Recipient Child, or his family which can be applied directly to meet basic needs for food, shelter, and medical expenses. ~~Gross~~ Total income is defined at Section 1200.50(d)(2) of this Part. Adjusted family income, i.e., net income, is figured by reference to Sections 1200.50(d)(3) ~~and 1200.50(d)(4)~~ of this Part.
- u) Income Scale: The schedule, adjusted for family size, used to determine financial eligibility.
- v) Individual Service Plan: A document describing a child's health and developmental status which serves as a basis for a plan of specific services and monitoring. The Plan is developed by the DSCC professional staff based upon the demonstrated health care needs of the child and the availability of services to meet those needs.
- w) Legally Responsible Adult (LRA): A person who is legally required to provide for and entitled to make decisions about the DSCC service Applicant or Recipient Child. This person may be a parent (biological or adoptive), or legally appointed guardian. The LRA may also be the DSCC service Applicant or Recipient Child under the following circumstances:



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- 1) If he/she has been emancipated in accordance with the provisions of the "Emancipation of Mature Minors Act" (111. Rev. Stat. 1991, ch. 40, par. 2201 et seq.) provided that the order of emancipation contemplates that the Applicant or Recipient Child is empowered to act in the manner required.
- 2) If he/she is authorized to consent to health care services in accordance with "AN ACT in relation to the performance of medical, dental or surgical procedures on and counseling for minors" (111. Rev. Stat. 1991, ch. 111, par. 4501 et seq.).
- 3) If he/she is over the age of 18 years and has the legal capacity to act in the manner required, provided that, if any Applicant or Recipient Child is partially or wholly financially dependent on his/her parents or guardian, the parents or guardian shall be considered the LRA for purposes of making financial determinations hereunder. Medical consent is required from only one Legally Responsible Adult in the event that the Recipient Child or Applicant is not legally entitled to consent.

**y)z)** Parent: The biological or adoptive parent of the Applicant or Recipient Child receiving or seeking DSCC services.

**Partial Financial Assistance:** The amount that DSCC pays over and above the amount for which the family is obligated and over and above the amount which is covered by insurance.

~~aa)~~ **bb)** Payment Scale: The schedule indicating an amount the family is expected to contribute toward the medically related costs of care for their Recipient Child during a twelve (12) month period. This contribution is required from all families who have not been categorized as fully financially eligible.

**Programmatic Assistance:** A process undertaken by professional staff of the Division on behalf of children with Medically Eligible Conditions, which may include procedures for evaluation of the child's condition, development of an Individual Service Plan, recommendations of health care providers and facilities, assistance in arrangement of such care, and subsequent monitoring of the status of the child and family. The level of programmatic assistance required will be based on the medical needs of the child as determined by usual and customary medical standards.

**ee/dd) Recipient Child:** A child who is currently receiving DSCC services or whose Health Care Providers are being paid, in whole or part, by DSCC.

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dd)ee) Referral: A procedure by which any person can introduce a child to the DSCC program. See Section 1200.80-(~~d~~)-(A) (c) (5)(A) and (B) of this Part.

**Reimbursement Agreement:** Written agreement signed by the LRA(s) and/or attorney(s) for the LRA or eligible child specifying that any money recovered as judgment or settlement of a lawsuit or from an insurance or personal settlement arising from a claim relating to the child's medical condition for which DSCC is providing care or reimbursing Health Care Providers will be used to reimburse DSCC for its payment of the child's medical and related care costs, which funds will then be replaced into the DSCC program and used to further benefit eligible children.

ff)qq) Resident(s) of Illinois:

11) Any person living in the State of Illinois with the intent to remain in the State indefinitely. The term "living in the State of Illinois" shall be limited to all persons whose primary domicile is located within the State. Intent to remain indefinitely is established through a showing that a person has significant contacts with the State of Illinois as evidenced by indicia thereof, such as maintaining a bank account in the State, registering to vote in the State, paying Illinois income taxes, obtaining permanent employment within the State, owning real estate within the State, and possessing an Illinois driver's license or similar permits; or

2) Any person who is present in the State of Illinois for the purpose of performing migrant agricultural labor and who evidenced a pattern of regularly returning to the State to perform such work or who expresses an intention to establish a pattern of regularly returning to the State to perform such work. Migrant agricultural labor is defined as agricultural work of a seasonal or temporary nature which requires that the worker be away from his/her permanent place of residence to perform said work more than overnight. A pattern of regularly returning to the State to perform such work shall be considered to have been established if a person is present in the State of Illinois to perform migrant agricultural work for two successive growing seasons.

(gg)hh Retroactive Authorization: Authorizations which occur, under specified circumstances, after medical service has been provided to a Recipient Child. See Section 1200.80(b)(3) (c)(5) for enumeration of the circumstances in which this will be considered.

(iii) ii) Retroactive Financial Eligibility: Financial eligibility which reaches back no more than 30 days prior to the date of referral-of application (whichever is earlier) in certain specified circumstances.



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completed application. See Section 1200.50(c)(8)(C) (7)(A) and (B).  
~~for enumeration of these circumstances.~~

(Source: Amended at Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 1200.30 Eligibility: General

## a) Program Purpose

The purpose of the Illinois Division of Services ~~for Disabled~~ Specialized Care for Children is to provide diagnostic and treatment services for children who are ~~exempted~~ disabled as a result of congenital and/or acquired ~~exempting or disease~~ states or have a condition which may lead to ~~exempting or impairment~~ disability. The objective is to provide a program of comprehensive evaluation, medical care and related habilitative services appropriate to their various needs and to financially support such care to the extent that their Legally Responsible Adults (LRAs) require such financial assistance as determined by the Financial Eligibility Criteria (Section 1200.50 of this Part). Children who are eligible for Programmatic Assistance only will be served without regard to a financial means test. Due to financial limitations, DSCC will only provide assistance to children with certain categories of ~~exempting~~ disabling conditions as defined in Section 1100.40 of this Part.

## b) Eligibility Criteria for Diagnostic Services

- 1) Initial diagnostic services are provided without regard to ability to pay to the extent medically necessary applying usual and customary medical standards to determine whether the child has one of the conditions enumerated in Section 1200.40, Medically Eligible Conditions. Whenever eligibility or ineligibility is established based upon an interview with the child or the LRA, which occurs when a diagnosis has already been established, DSCC shall not be required to provide further initial medical diagnostic services.

- 2) Children may be but need not be referred for said services by an individual or agency.

## c) Eligibility Criteria for Other DSCC Services

## 1) Programmatic Assistance

To be eligible for Programmatic Assistance a child must meet the following requirements:

- A) Be under 21 years of age (except that DSCC shall provide services beyond the child's 21st birthday when necessary to complete a treatment plan developed before that time if

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cessation of treatment would cause an immediate threat to or damage to the child's life or good health or would negate gains resulting from previous rehabilitative efforts. In no event may said extension continue beyond six months after the child's 21st birthday);

- B) Be a Resident of Illinois;

- C) Have a Medically Eligible Condition.

## 2) Treatment Services and Financial Support

It is recognized that it is the duty and responsibility of the LRAs to pay for necessary health care services for their children. DSCC will assist the LRA with this responsibility for each child meeting the criteria of Section 1200.30(c) of this Part by providing treatment services and financial assistance, provided the LRAs are Residents of Illinois, and provided:

- A) The LRAs are lawfully admitted to the United States on a visa or permit which contemplates that the LRA will be entitled to permanently remain in the United States or has been admitted under color of law; or
- B) The child aforescribed is a United States citizen.

- 3) In addition, whenever payment for treatment services or financial support is desired, the LRA must:

- A) Meet the financial eligibility criteria set forth at Section 1200.50 of this Part;

- B) ~~Utilize~~ Make maximum use of insurance benefits, if any, as well as any other form of payment, (such as trust funds, gifts, or fund raising drives) available for the child and/or make the payments toward the support of the child's treatment as are determined by his or her FPA;

- C) Sign a Reimbursement Agreement, if the injuries for which treatment is sought were caused by any alleged negligent act (including products liability) and litigation is pending or contemplated.

- D) Further, any attorney retained to represent the child on any claim relating to the child's medical condition for which DSCC will provide care must separately sign the Reimbursement Agreement. Failure to comply with this requirement will not, however, delay or hinder the application process.



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## d) Application Process: Initial and Continuing Eligibility

- 1) No person participating in or wishing to participate in the Division's programs shall be denied benefits of the program or shall be discriminated against on the basis of sex, religion, race, color, national origin or handicap not related to program eligibility.

## 2) General responsibilities of Applicants, Recipient Children, and LRAs:

- A) Applicants/Recipients and LRAs requesting assistance shall furnish requested factual information regarding eligibility and shall keep DSCC informed of any changes in financial status (defined as any change in financial circumstances which would affect financial eligibility for DSCC benefits as set forth in Section 1200.50 including, but not limited to changes in family size, income, or expenses) within thirty (30) days of such change.

- B) The application process requires consent by the LRA(s) to release or to verify medical data and financial information provided as a part of the application process.

- 3) An LRA shall complete and sign a written application on behalf of the Applicant on forms specified by DSCC. ~~Such application~~ DSCC shall inform the Applicant of all relevant time deadlines with respect to filing of an application and appealing any adverse decision. An LRA may choose a person to assist in completing the application. A representative of a public agency may complete and sign the application for a child in that agency's custody. A representative of a private agency may complete and sign the application for a child if he/she is the authorized guardian for the child.

- 4) A completed application must be submitted to DSCC within the following time periods:

- A) ~~In the case of self-referral or referral by a medical provider or other agency, in all cases, a completed application for initial eligibility must be received by DSCC within 21-thirty (30) days from the date which it is originally sent to the LRA by DSCC of services for which assistance is desired. Applications not received within said 21-day 30 day period shall not be considered for reimbursement for treatment services rendered at the time of referral to DSCC but shall be processed for reimbursement of treatment services provided no more than 30 days prior to the actual date of receipt. This time period shall be adjusted by DSCC for good cause if DSCC is~~

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notified of the circumstances within the 21 30 day time period (for purposes of this clause, "good cause" shall include, but shall not be limited to, a family emergency, demonstrated delays caused by the U.S. Postal Service, and demonstrated delays caused by the Internal Revenue Service in providing a copy of an income tax return).

- B) Applications for continuing financial eligibility ~~shall~~ must be ~~submitted to~~ received by DSCC within ~~21-days-of-the date which they are originally sent to the LRA by DSCC~~ the current period of eligibility. If an application is ~~submitted~~ received after said eligibility time period, continuing eligibility shall recommence no more than thirty (30) days prior to the date the application is actually received by DSCC.

- 5) If financial support is desired, the LRA shall complete and sign a financial application on behalf of the Applicant on forms specified by DSCC, which shall be submitted within the time periods specified in Section 1200.30(d)(3)(4).

- A) Such statement shall include a copy of the LRA's most recent filed federal income tax ~~returns~~ return. If an LRA is not required to file with the Internal Revenue Service, verification of income must be submitted.

- B) DSCC shall accept other supporting documents from the LRA to verify level of income if DSCC determines that the documents provided prove the information sought and if the LRA has demonstrated diligence in attempting to obtain federal tax returns or pay stubs but has been unsuccessful in doing so.

- C) DSCC shall accept supporting documentation from the LRA that reflects financial eligibility for services being provided by or reimbursed by the Illinois Department of Public Aid (IDPA) or any other state agency using criteria the same as or more stringent than DSCC.

- 6) If financial support is not desired, no financial application is required. Applicants with a Medically Eligible Condition who either do not desire or do not qualify for DSCC financial support shall be eligible for Programmatic Assistance.

- 7) Determination of eligibility is performed at the regional offices. (See 2 Ill. Adm. Code 5155. Appendix A.)

- A) The DSCC staff shall verify the information provided on behalf of the Applicant. This ~~will~~ may include discussion, including an interview with the LRA, if the application is



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not complete. The interview shall be conducted at a place and time convenient to all parties.

- B) If supplemental information required by DSCC to determine eligibility is not provided within ~~fourteen~~ <sup>thirty</sup> (30) days after the LRA receives notice of a requirement that said information is needed to complete this application, DSCC shall then advise the LRA that the application will be invalidated and not given further consideration unless the LRA was precluded, due to causes beyond his/her control, from providing the information required.
- C) A written decision regarding eligibility shall be sent to the LRA and any referring medical care provider or referring agency within thirty (30) days of receipt of the completed application unless the emergent nature of the child's condition requires a decision in a more timely fashion.

(Source: Amended at Ill. Reg. \_\_\_\_, effective \_\_\_\_).

## Section 1200.40 Medical Eligibility

## a) Eligible Medical Conditions

- 1) Within the resources available, the Division of Services-for-Crippled Specialized Care for Children has determined that it can best serve children who: have ~~crippling~~ <sup>crippling</sup> disabling impairments that are expected to be chronic; involve multiple physical defects/disabilities/handicaps; are amenable to treatment as determined by the treating physician; and have a need for long-term highly specialized medical care including, as necessary, related rehabilitative services; and in the judgement of the treating physician have life expectancy sufficient to realize benefit from the treatment.

- 2) Currently, DSCC serves children whose ~~crippling~~ <sup>crippling</sup> disabling impairments are enumerated in the list which follows. These conditions were determined as covered by the Director, in consultation with and upon advice of the Advisory Board.

## b) Medically Eligible Conditions

- 1) ORTHOPEDIC IMPAIRMENTS which are defined as those affecting bone, joint or muscle are eligible. Such impairments may be of congenital origin, or may be manifestations of an active chronic disease, or may represent a persisting result of previous infection, trauma, toxicity, disease or malignancy, which are determined to be chronic orthopedic impairments amenable to

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treatment requiring long-term management involving specialist care and required related habilitative or rehabilitative services.

- 2) NERVOUS SYSTEM IMPAIRMENTS which are defined as those affecting the brain, spinal cord or peripheral nerves, and present as physical disabilities are eligible. Such impairments may be of congenital origin, or may be manifestations of an active chronic disease, or may represent a persisting result of previous infection, trauma, toxicity, disease or malignancy, which are determined to be chronic neurologic impairments responsive to medical treatment requiring long-term management involving specialist care and required related habilitative services. Children in a chronic vegetative state would be eligible upon medically determined emergence of recovery and sufficient health stability for a program of active habilitation to be instituted (for purposes of this clause, a chronic vegetative state is defined as a condition in which a child displays no evidence of progressive positive developmental or neurological improvement, as determined by usual and customary medical standards).
- 3) CARDIOVASCULAR IMPAIRMENTS which are defined as primarily affecting the heart and the larger blood vessels are eligible. Such impairments may be of congenital or acquired origin, the latter representing a persisting result of previous infection, trauma, toxicity or disease or malignancy, and which are determined to be a chronic cardiovascular impairment responsive to treatment requiring multispecialist intervention and a program of extended supervision and/or long-term active management, specialized medical care and such related habilitation services as may be necessary. Children with a disease or past infection known to primarily affect the heart which predispose to chronic heart impairment and which requires specialist management to minimize or preclude such impairment would be eligible.

- 4) EXTERNAL BODY IMPAIRMENTS, including the oral and nasal structures with their extension into the mouth, pharynx, larynx, major bronchi and esophageal structures, defined as significant defects affecting the skin and/or its underlying structures and defects of the mucosa and/or its underlying structures of the above internal parts which may affect breathing, speech and eating. Such impairments must be determined to be beyond the normal range of acceptable external appearances or adequate function, as determined by a medical specialist, responsive to specialist(s) intervention and a program of long-term management with related habilitation services or subject to correction which would preclude chronic physical or functional impairment, and may be of congenital origin, or may be manifestations of an active chronic disease, or may represent a persisting result of



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previous infection, disease, trauma, toxicity or malignancy. External body defects to be considered as beyond the normal range of accepted appearance are those defects considered to be major in the customary characterization of congenital defects or, if acquired, to be defects which fall outside of acceptable appearance as defined by the Division in consultation with its advisers. Defects of dentition and occlusion associated with severe oro-craniofacial structural deformities or if causative to impairment of intelligible speech are included.

5) HEARING IMPAIRMENTS which are defined as a loss of hearing or deafness of at least 30 decibels in two frequencies or a 35 decibel loss in one speech frequency involving one or both ears, as determined by audiometric testing are eligible. Such hearing loss may be of congenital origin, or may be a manifestation of an active chronic disease, or may represent a persisting result of previous infection, trauma, toxicity, disease or malignancy and which are determined to be chronic hearing impairments responsive to treatment requiring otological intervention and a program of extended supervision and/or long-term active management. Children with middle ear infection and/or middle ear effusion persisting for longer than three months and who have received medical treatment are eligible for special medical and hearing assessment and evaluation of communicative skills. If a hearing impairment is defined, otologic treatment, monitoring of communicative skills and provision of hearing aids shall be provided if determined medically necessary in accordance with usual and customary standards. Children considered to be profoundly deaf and not amenable to otologic intervention and/or hearing aids, as determined through the application of usual and customary medical standards, shall be eligible for assistance to enhance the communication skills of the child (and family) if such assistance is not available from other agencies or sources.

6) SPEECH IMPAIRMENTS which are defined as an impairment of intelligibility arising from any structural defect of the organs responsible for vocalization or neurological defects specific to orderly speech development are eligible. Such speech impairments may be of congenital origin, or may be manifestations of an active chronic disease, or represent a persisting result of previous infection, trauma, disease or malignancy determined to be responsible for the chronic speech impairment which is responsive to medical treatment requiring long-term management involving specialist care and related rehabilitative services and equipment. Developmental language deficits are not eligible (for purposes of this clause, a developmental language deficit is defined as a condition, as determined by the application of usual and customary medical standards, that can be expected to correct itself with

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maturity or with such therapy as is generally available through the public school system).

7) CYSTIC FIBROSIS. Children with cystic fibrosis are eligible if they manifest symptoms amenable to specialized medical care and long-term management by a team of specialists organized for this purpose.

8) HEMOPHILIA and similar genetic-disorders chronic defects of coagulation or chronic hemorrhagic conditions are eligible. Eligibility for services shall be established in accordance with Rules of the Illinois Department of Public Health under "AN ACT establishing in the Illinois Department of Public Health a program for the care of persons suffering from hemophilia, establishing a Hemophilia Advisory Committee and designating powers and duties in relation thereto" (Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 2900 et seq.) and Rules promulgated thereunder, 77 Ill. Adm. Code 705. Eligible persons shall receive such services as may be provided by the Illinois Department of Public Health in accordance with the rules aforescribed. DSCC shall provide children case management and financial support of hospitalization, outpatient care and such additional services as may be required for specialized medical and related rehabilitative services, including home management, except that a Recipient Child not eligible for services from the Illinois Department of Public Health as provided above shall receive required services through the Division.

9) INBORN ERRORS OF METABOLISM which are defined as those conditions leading to severe neurological, mental and physical deterioration for which there are acceptable treatments which, when promptly instituted, would preclude or significantly minimize the adverse effects of the metabolic defect are eligible.

10) EYE IMPAIRMENTS which are defined as those affecting the eye and/or eye muscles, but excluding isolated refractive errors, are eligible. Such impairments must lead to or cause a significant risk of loss of vision and be chronic impairments which are determined to be responsive to treatment requiring ophthalmologic, medical or surgical, intervention and a program of extended supervision and/or long-term active management. In determining whether an eye impairment may be responsive to a program of extended supervision and/or long-term active management, the following factors must be present: that without treatment, the condition would be expected to last at least six months; and that extended and long-term active management shall require medical supervision of at least six months. Such impairments may be of congenital origin, or may be a manifestation of an active chronic disease, or may represent a



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persisting result of previous infection, trauma, toxicity or disease. When required as part of an approved management program not involving services or equipment prohibited by Section 1200.80(a) and approved pursuant to Sections 1200.80(b) and (c), and prescribed by the managing ophthalmologist, treatment of associated refractive errors is eligible. Children considered to be blind and not amenable to ophthalmologic intervention, as determined through the application of usual and customary medical standards, are not eligible.

11) URINARY SYSTEM IMPAIRMENTS which are defined as those chronic organic impairments affecting the kidney, ureter, bladder, and/or urethra, but excluding urinary tract infections, and isolated ureteral urinary reflux unless associated with a persistent structural defect, are eligible. Such impairments may be of congenital origin, or may be manifestations of an active chronic disease, or may represent a persisting result of previous infection, trauma, toxicity, disease or malignancy, which are determined to be chronic, amenable to treatment requiring long-term medical or surgical management involving specialist care and required related rehabilitative or rehabilitative services. Children requiring chronic renal dialysis and/or renal transplantation are not eligible.

c) Health care services defined as "well child care," routine medical and dental treatment, medical care of acute childhood illnesses (defined as diseases which are not normally chronically disabling and which are not unusual in the course of a child's maturation) or trauma or short-term complications related thereto, are not provided by DSCC.

d) Health care services for children whose ~~existing~~ impairment is considered to be "acute" as an immediate associated consequence of infection, trauma, disease, toxicity or malignancy, would be considered eligible after completion of medical treatment of such acute condition and determination of a resulting ~~crippling~~ impairment persisting disability.

e) Care Beyond Medical Eligible Conditions

Children with the chronic ~~crippling~~ impairments disabilities are defined in this Section as Medically Eligible Conditions may have associated health impairments which, as isolated health impairments, would not be considered as medically eligible for DSCC services. However, in order to achieve a realistic habilitation goal, if medically recommended, the services required to treat such associated health impairments will be provided to Recipient Children, except those related to a malignancy or to a chronic vegetative state. Treatment of such associated health impairments must relate to the Medically Eligible Condition and will continue to be provided only so

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long as the Recipient Child has a Medically Eligible Condition which is under continuing and active medical treatment. Further, if at any time, one of these other than Medically Eligible Conditions becomes the Recipient Child's primary health problem, as defined by the Recipient Child's attending physician, these additional services will be discontinued.

(Source: Amended at Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 1200.50 Financial Eligibility

a) The LRA has an obligation to meet the cost of medical care for his/her Recipient Child to the extent they are able. Full or partial financial assistance, in the form described in Section 1200.90 of this Part, is provided to LRAs who are unable to meet such expenses from their own resources as established through a Financial Need Determination performed pursuant to criteria established in Section 1200.50(c) and (d).

b) Exceptions to Financial Need Determination

1) DSCC provides diagnostic services necessary to determine medical eligibility without regard to the economic status of an Applicant's LRAs.

2) Financial information is not required from LRAs when:

- A) medical eligibility is uncertain;
- B) no expenditure of DSCC funds is anticipated;
- C) the child is a ward of a state agency which is financially responsible for the child's medical care;
- D) the child has been determined eligible for services being provided by or reimbursed by a state agency using criteria the same as, or more stringent than, DSCC.

c) Criteria for Financial Assistance

- 1) Financial eligibility is based upon the financial status of the LRA requesting financial assistance.
- 2) The Income Scale (Appendix A) and the Payment Scale (Appendix B) are used to determine financial eligibility. The Income Scale represents 65% of the gross median family income adjusted for family size as developed for the State of Illinois by the U.S. Department of Health and Human Services, Family Support Administration under the provisions of Section 2603(7) of Title XXVI of the Omnibus Budget Reconciliation Act of 1981



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(P.L. 97-35). Although this scale is derived from gross income figures, for purposes of financial eligibility, a family is placed on the scale according to its Adjusted Family Income and family size.

- 3) Full financial assistance is provided when the Adjusted Family Income considering family size is equal to or less than that which is allowable in accordance with the Income Scale. The LRA and attorney must submit a Reimbursement Agreement, if applicable, as provided in Section 1200.30(c)(3)(C).
- 4) Partial financial assistance is provided when the Adjusted Family Income considering family size exceeds the amount allowable on the Income Scale, subject to the following conditions:
  - A) A determination that the annual family payment as established in the Payment Scale is less than the anticipated cost of services for the proposed period of eligibility;
  - B) Completion of a Financial Participation Agreement (FPA) by the LRA. An FPA will be required whenever the LRA of a Recipient Child is eligible for partial financial assistance. The FPA shall be signed and returned to DSCC within fourteen (14) ~~thirty~~ (30) days of its receipt by the LRA.
    - i) The FPA obligates an LRA to pay for DSCC approved care for the Recipient Child. The amount will be equal to the annual family payment described by the Payment Scale. DSCC will use this money to pay for the child's direct and related care.
    - ~~ii) Payments toward the obligations contained in the FPA may be made by the LRA(s) directly to the vendor(s) providing specialized care for the Recipient Child if agreed to by DSCC. The LRA shall retain receipts to verify such payment.~~
- ~~iii)~~ The FPA shall cover all Recipient Children in one family.
- C) Submission of a Reimbursement Agreement by the LRAs and attorney(s), as provided in Section 1200.30(c)(3)(C), if applicable.
- D) Adjustments to the annual family payment shall be made by DSCC if there is evidence in the application or through additional information that indicates the LRA has the

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ability to assume cost-sharing beyond the amount previously indicated based upon application of the financial eligibility criteria in this Section 1200.50.

- 5) The LRA shall be determined ineligible for financial assistance from DSCC when:
  - A) It is determined that the Adjusted Family Income is in excess of \$10,499 of that which is allowable in accordance with Appendix A, the Income Scale.
  - ~~B) It is determined that the LRA's annual family payment would exceed the anticipated costs of care after application of all medical insurance benefits.~~
  - ~~C) An LRA has failed within the time periods established in Section 1200.30(d) to provide sufficient information to determine eligibility. In such instances, eligibility shall commence 30 days prior to the postmark date or, if unavailable, the date of receipt of such information necessary to establish eligibility.~~
  - ~~D) An LRA has failed within the time period established in Section 1200.30(d) to complete and sign the application (including the financial application), the Reimbursement Agreement (Section 1200.30(c)(3)(C)), if applicable, and an FPA, if applicable (Section 1200.50(c)). In such instances, eligibility shall commence 30 days prior to the postmark date or, if unavailable, the date of receipt of the signed application, and/or Reimbursement Agreement, and/or FPA.~~
  - ~~E) The family is fully enrolled in the Illinois Comprehensive Health Insurance Program or a Health Maintenance Organization (HMO) which has responsibility for provision of medical care for the Applicant or Recipient Child. However, families with HMO coverage are eligible for financial assistance to the extent that the HMO has no responsibility for such care.~~
- ~~F) In addition, the LRAs shall lose their financial assistance if:~~
  - i) Medical insurance payments or other forms of payment available or paid directly to the LRA to meet the cost of care for the Recipient Child have not been applied to the cost of care arranged, authorized, and paid by DSCC for that child. In such instances, eligibility shall be reinstated upon reaching an agreement for repayment to a medical care provider or



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to DSCC of an amount equal to the medical insurance payments made available but not applied toward the child's cost of care.

- ii) An LRA has not complied with the payment schedule established in the FPA with DSCC. In such instances, eligibility shall be reinstated once the LRA has demonstrated that he/she has complied with the FPA by making the required payments.

- iii) An LRA fails to notify DSCC within thirty (30) days of any change in the child's medical insurance which results in medical coverage for costs which are currently paid for by DSCC.

- iv) It is determined that the LRA has in any way falsified documents used to determine eligibility.

- 6) LRAs determined to be wholly or partially ineligible shall be advised of the right to appeal the determination in accordance with the procedures as set forth in Section 1200.60.

## 7) Period of Financial Eligibility

- A) Financial eligibility shall be established for a 12-month period of up to twenty-four (24) months commencing on the first day of the month of referral or application, whichever is earlier, no sooner than thirty (30) days prior to the date a completed application is received by DSCC if applicants are able to provide current federal tax information. For purposes of this Section, referral shall be defined as a first contact made with a DSCC intake worker current federal tax information shall be defined as the tax information for the calendar year prior to the year of application;

OR

- B) Financial eligibility shall be ~~redetermined annually on the date established at subsection (7)(A) above~~ established for a period of up to twelve (12) months commencing no sooner than thirty (30) days prior to the date a completed application is received by DSCC under the following circumstances:

- i) Applicants able to provide federal tax information not older than one (1) year prior to the current federal tax information.

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- ii) Applicants not required to file federal income tax forms as defined by the Federal Internal Revenue Service. Income must be verified using two (2) consecutive pay stubs that are within two (2) months of application.

- iii) Applicants determined to have a Financial Participation Agreement.

- iv) Applicants determined financially eligible on the basis of eligibility for services being provided by or reimbursed by the Illinois Department of Public Aid (IDPA) or any other state agency using criteria the same as or more stringent than DSCC.

- e) Financial eligibility ordinarily begins at the date of referral or application for DSCC assistance unless circumstances beyond the control of the child and the LRA precluded timely application or referral. If DSCC, after its own investigation, determines that such circumstances exist, eligibility shall commence thirty (30) days prior to the date of referral or application to DSCC, whichever is earlier. Only such care or services which would have been approved as meeting DSCC standards of care as set forth in this part, for the child shall be considered for this period of retroactive eligibility.

- C) When more than one child in a family is eligible for financial assistance, the period of eligibility for all eligible children will be for the same period.

- D) Financial eligibility shall be redetermined subject to the date established at subsection (7)(A) and (B) above.

- ~~8) E)~~ The period of financial eligibility may be less than 12 months under the following circumstances:

- i) DSCC eligibility was based upon eligibility with the Illinois Department of Public Aid (IDPA) or any other state agency and such eligibility has been cancelled. Eligibility for DSCC benefits shall be cancelled at the same time that IDPA or the other state agency eligibility is cancelled. The LRAs must reapply by submitting the same financial information as is required of all applicants.

- ii) The Recipient Child, at the time of financial evaluation, was a ward of an agency or court because adoption had not been finalized, and the adoption is



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finalized. DSCC eligibility shall terminate on the effective date of the finalization of the adoption.

- iii) Supplemental information submitted pursuant to Section 1200.30(d)(2)(A) of this Part causes a change in financial eligibility.

iv) ~~Verification of income is from sources which are more than 12 months old at time of submission, in such event, DSCC shall establish a period of eligibility of sufficient duration to permit the applicant to submit information with respect to income from sources which are less than 12 months old.~~

~~E)(f)~~ In the event that an LRA submits information, at any time, which, upon verification by DSCC, establishes that the LRA is eligible for financial assistance at a level in excess of that previously approved by DSCC, a new one-year period of eligibility shall begin ~~fifteen (15) days after said information is submitted, on the date said information is received by DSCC, provided that the LRA has signed a revised FPA, if one is required pursuant to subsection (c)(5)(4)(B).~~

## d) Financial Determination Calculations

## 1) Family Size

- A) Family size shall be determined by the sum of the number of persons in each of the following categories when they share the same household. However, if a person falls into more than one category, that person shall be counted only once:

- i) The Applicant or Recipient Child;
- ii) The Applicant or Recipient Child's spouse;
- iii) An LRA and his/her spouse;
- iv) Other persons who, for Federal Income Tax purposes, are deemed dependents of ~~at~~ the applying LRA.

- 2) The family's ~~A~~ annual Gross Total Income shall be the sum of the ~~Annual Gross Income~~ all income of persons comprising the family unit, as determined above but excluding income of dependent children except income of the dependent Applicant or Recipient Child and his/her spouse. Total Income shall include all income as defined by the Internal Revenue Service for federal income tax reporting purposes. Annual Gross Income includes:

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- A) Wages, salaries, bonuses, other earnings, and tips;
- B) ~~All interest and dividends from financial institutions and investments and from stocks and bonds;~~
- C) Alimony, child support payments received;
- D) ~~Income from pensions, annuities, and other retirement fund sources;~~
- E) ~~Income from Social Security;~~
- F) ~~Unemployment compensation;~~
- G) ~~Workers' compensation;~~
- H) ~~Disability/sick leave payments;~~
- I) ~~Income from rents, royalties, partnerships, estates, trusts, corporations, farms, and businesses after expenses to produce such income are deducted. Depreciation and/or depletion allowances except on real estate may be deducted from said income.~~

- J) ~~Capital gains. All capital gains shall be treated as ordinary income for purposes of determining a family's Annual Gross Income except capital gains realized from the sale of a family residence which shall be excluded in its entirety;~~

- K) ~~All supplemental gains income;~~

- L) ~~All other earned and unearned income which may be applied toward the cost of care for the Applicant or Recipient Child.~~

~~3) Income from the following sources shall be excluded for purposes of determining financial eligibility:~~

- A) ~~The income of dependents (other than the Applicant or Recipient Child and his/her spouse) under the age of 21;~~
- B) ~~Irregular income of not more than \$150 quarterly;~~
- C) ~~Scholarships, grants, or loans to a student for educational purposes;~~
- D) ~~The value of coupons or other subsidies provided low income families by a governmental organization or program;~~



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E)  ~~Lump-sum payments from insurance received due to the death of an LRA;~~

F)  ~~Money borrowed;~~

G)  ~~Funds held in a trust which are legally unavailable for payment of the Applicant's or Recipient Child's medical expenses;~~

4)3) The following are allowable expenses which the family may deduct from their  ~~A~~ annual Gross Total Income in determining financial eligibility:

A)  ~~Payment of support for non-dependent children not to exceed \$1,000 per child/per year;~~

B)  ~~Child care costs that enable an LRA to maintain employment;~~

C)  ~~Expenses which enable an LRA to maintain employment not to exceed \$50 per month for each employed LRA;~~

B)  ~~Medical/health insurance premiums;~~

E)  ~~Expenses not recoverable through any insurance plan, or other third-party payers including donated funds as follows:~~

i)  ~~Medical and medical-related expenses including dental expenses of the Applicant or Recipient Child;~~

ii)  ~~The amount of medical and dental expenses paid for members of the family other than the Applicant or Recipient Child which is in excess of 2.5% of the family Annual Gross Income;~~

iii)  ~~The amount of any loss caused by fire, flood, or other natural disasters, theft, or vandalism which is in excess of \$1,000.~~

A) The larger of:

i) The federal income tax Standard Deduction Rate based on the LRA's federal income tax filing status used to determine financial eligibility;

OR

ii) The total itemized deductions as reported on Schedule A of the LRA's federal filed income tax return used to determine financial eligibility.

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B)  ~~Child and dependent care costs in accordance with the guidelines established by the Internal Revenue Service for federal income tax reporting purposes.~~

(Source: Amended at  Ill. Reg. \_\_\_\_\_, effective  \_\_\_\_\_)  
Section 1200.60 Appeal Process

## a) Notice of Determination

1) Except as otherwise provided in these Rules, the Division shall notify the Applicant's LRA in writing within thirty (30) days of the receipt of the completed application that the Division has determined that the Applicant is eligible or ineligible, and the amount, if any, of the LRA's required financial contribution to the cost of the Applicant's medical care. If the Applicant or LRA is determined to be ineligible, the Notice of Determination shall state the reasons for said determination.

2) In the event that DSCC has requested additional information in order to determine eligibility, ~~including continuing~~ eligibility, or has requested the LRA to sign a Reimbursement Agreement or an FPA and the request has not been complied with within the time period set forth in Section 1200.50, DSCC shall notify the LRAs that the application shall be considered inactive and provide the reasons therefor.

3) The Division shall notify a Recipient Child's LRA in writing of any action which the Division intends to take which adversely affects the LRA's financial eligibility. ~~including, but not limited to, termination or increase in the amount of the LRA's required financial contribution to the cost of the Recipient Child's medical care.~~ This written notification shall provide specific reasons for the action being taken. This written notification shall be sent to the Recipient Child's LRA at least thirty (30) days prior to the effective date of the proposed action.

4) ~~A copy of this Section~~ An explanation of the LRA's right to appeal shall be sent with each Notice of Determination provided pursuant to subsection (1)-(3) immediately above.

5) The Notice of Determination described at subsection ~~(1)-(3)~~ (3) immediately above and all further written notices which bear on it shall be sent by certified or registered mail to the LRA at his/her last known address. If the Applicant or Recipient Child has a designated representative, a copy of all written notices will also be sent to that designated representative.



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## b) Right to Reapply

- 1) If the Applicant or Recipient Child's LRA has been determined to be ineligible, they may reapply at any time they believe they have become eligible.
- 2) If the Recipient Child's financial eligibility has been reduced or has been set at a level less than full financial assistance, the LRAs may submit additional financial information at any time their financial situation changes.

## c) Right to Meeting and Appeal Conference

- 1) The Applicant or Recipient Child's LRA, or designated representative, has a right to a meeting with the DSCC staff person responsible for a decision reflected in any Notice of Determination issued pursuant to subsection (a)(1)-(3).
- A) The request for such a meeting must be made in writing and must identify the decision which is being questioned.
- B) The request must be made within 14 days of receipt of said Notice of Determination.
- C) DSCC shall contact the requester within five (5) days of receipt of the request in order to schedule a meeting date, time and place.
- D) Within seven (7) days after the meeting, DSCC shall notify the Applicant or Recipient Child's LRA of the result of the meeting. Such notification shall be in the manner set forth at subsection (a)(5) immediately above and shall state the reasons for the decision made.
- 2) The Applicant or Recipient Child's LRA, or designated representative, has a right to appeal the results of meeting decision to the Director in a conference with the Director or his/her designee held for that purpose. The Director shall not take part in any original decision or any initial meeting held under subsection (c)(1).
- A) The request for such an appeal conference must be made in writing and must identify the meeting decision which is being appealed.
- B) The request must be made within 14 days of receipt of notification of result of the subsection (c)(1) meeting.

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- C) DSCC shall contact the requester within five (5) days of receipt of the request in order to schedule a meeting date, time and place.
- D) The Director or his/her designee shall consider the decision issued pursuant to subsection (c)(1)(D), any written material presented at the meeting provided for in subsection (c), any evidence presented at the conference, and all other information which the Director or his/her designee obtains through an independent investigation of the issues raised by the appeal.
- E) Within seven (7) days after the appeal conference, DSCC shall notify the Applicant or Recipient Child's LRA of the result of the appeal conference. Such notification shall be in the manner set forth at subsection (a)(5) above and shall state the reasons for the decision made.
- F) The decision rendered by the Director or his designee is final.
- d) Procedural Rights at Meeting and Conference  
The Applicant or Recipient Child's LRA, or designated representative, has the following rights:
  - 1) The right at any time to inspect and copy the contents of the Applicant or Recipient Child's case file and any other documents used by DSCC in making its determination or proposing its action; and
  - 2) The right to appear on their own behalf and/or to be represented, advised and/or accompanied by a relative, friend, lawyer or advocate; and
  - 3) The right to present relevant information, witnesses and evidence in any form; and
  - 4) The right to ask questions of the Division staff present.
- e) DSCC may deny or dismiss a meeting or appeal conference if:
  - 1) The Applicant or Recipient Child's LRA, or designated representative, withdraws the request for the meeting or appeal conference in writing; or
  - 2) The Applicant or Recipient Child's LRA, or designated representative, fails without good cause (defined as any reason which a prudent person would deem to be an adequate and complete



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excuse for failure to act, such as emergencies and family deaths) to appear at the scheduled meeting or appeal conference.

## f) Benefits While Awaiting Decision

- 1) LRAs of Applicants who are denied financial assistance benefits may appeal the denial but shall not receive any financial benefits in behalf of the Applicant while awaiting the meeting or appeal conference.
- 2) LRAs of Applicants who are granted less than full financial assistance may appeal the decision but the LRA in behalf of the Applicant shall only receive such partial financial assistance as originally determined while awaiting the outcome of said meeting or appeal conference.
- 3) An LRA who is notified of a termination or reduction of financial assistance benefits shall continue at his/her prior level of financial assistance while awaiting the meeting or appeal conference, provided that the LRA requests said meeting and appeal conference within the time limits designated in subsection (c)(1)(b) and (c)(2)(B).

## g) Effective Dates of DSCC Decisions

- 1) If the decision of a meeting or appeal conference is in favor of an applicant's LRA, the financial assistance benefits determined appropriate as a result of the appeal shall be effective from the date of the ~~initial~~ completed application or referral, whichever is earlier.
- 2) If a Recipient Child's LRA does not appeal, a Notice of Determination of termination or reduction of DSCC benefits, the effective date thereof shall be as provided for in subsection (a)(3).
- 3) If a Recipient Child's LRA appeals a Notice of Determination of termination or reduction of DSCC benefits, no such termination or reduction shall be effective until ten (10) days after all appeal rights have been waived or exhausted.
- 4) ~~Notwithstanding anything to the contrary contained herein, if Notice is sent to an LRA pursuant to subsection (a)(3) of this Part, based upon a failure of the LRA to comply with the requirements of Section 1200.30(d)(1)(A) of this Part (relating to reporting of changes in financial condition or family size), and if DSCC determines to act in reducing or terminating LRA financial benefits to the extent such is permitted to it hereunder, after all LRA rights to appeal have been exhausted or waived, then said action shall be deemed to be effective on the~~

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~~forty-fifth day after the unreported change in family circumstances occurred, regardless of when the notice provided for in subsection (a)(3) is actually sent to the LRA. Nothing contained in this Part shall be construed as reducing any rights of the LRA to object to any proposed DSCC action or as may be otherwise provided in this Part and no DSCC action shall be final unless and until all such rights have been exhausted or waived.~~

(Source: Amended at \_\_\_ Ill. Reg. \_\_\_, effective \_\_\_)

## Section 1200.70 Payment for Services

- a) With respect to Medicaid, Medicare, Illinois Comprehensive Health Insurance Program (CHIP), any other medical insurance plan or policy or other third-party payers, unless prohibited by law, DSCC shall be deemed the payer of last resort. Nothing contained in these regulations shall authorize or require DSCC to provide payment for medical services, hospital services, supplies or appliances which would otherwise be paid by Medicaid, Medicare, Illinois Comprehensive Health Insurance Program (CHIP), any other medical insurance plan or policy or other third-party payers, including donated funds and such other funds available for medical care derived from settlement of injury claims.
- b) Payments for services are subject to the availability of funds as determined by the University of Illinois in its sole discretion.
  - 1) If DSCC determines, based upon its own internal auditing and record keeping systems, at any time, that it does not have or will not have sufficient funds to provide payments for authorized services for additional Applicants, DSCC shall:
    - A) Cease accepting applications.
    - B) Post notices in conspicuous places in DSCC offices and clinics and in other places where such notices are likely to be seen by Applicants. The notices shall state that DSCC is no longer accepting applications because of insufficient funds, and shall state the probable date on which DSCC shall again accept applications. Notices will also be posted in a like manner when funding again becomes available.
    - C) DSCC employees shall inform clinic patients and other persons that DSCC is no longer accepting applications because of insufficient funds, and shall inform such persons of the probable date on which the Division shall again accept applications.



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- D) Cease authorizing additional health care services for Recipient Children whose LRAs are eligible for DSCC financial assistance.
- 2) If DSCC determines, based upon its own internal auditing and record keeping systems, at any time that it does not have or will not have sufficient funds to provide payments for authorized services for Applicants who have applied, but with respect to whom no determination of eligibility has been made, DSCC shall nevertheless finish processing those applications and determine the eligibility or ineligibility of each such Applicant and his/her LRA for use in the event that additional funds become available. In such event, the LRAs of eligible applicants shall be provided funding in the order received unless a child's life or good health is threatened in which event said child's application will be given priority.
- 3) DSCC shall make payments for authorized services in the order in which DSCC receives bills for such services.
- 4) If DSCC determines due to nonavailability of funds that it is unable to pay for an authorized service, it shall cancel the authorization and any related purchase order any time up to the point at which services have been provided. For this purpose, the authorization and related Purchase Order shall contain the following statement: "This authorization is subject to all of the various rules and procedures set forth at 89 Ill. Adm. Code 1200, adopted February 10, 1987." In the event any authorization is cancelled pursuant to this limitation, any charges incurred for services rendered after the date of cancellation shall not be the obligation of DSCC.
- 5) Except as otherwise specifically provided herein in the event that DSCC determines that it does not or will not have sufficient funds to provide payments for all Applicants, present and future, as well as to make payments in behalf of all Recipient Children, it shall first cease accepting applications in accordance with subsection (1) above. If after taking such action, it is still determined that sufficient funds are not available, it shall take the actions set forth in subsection (2) above. If after taking such action, it is still determined that sufficient funds are not available, it shall take the actions set forth in subsections (3) and (4) above. In the event that the life or good health of a child is threatened if a procedure is not performed, DSCC shall give funding such procedure priority over other procedures not posing such threat.
- c) The Director shall establish a maximum dollar amount for payment of authorized non-physician services per fiscal year which shall be

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- applied to each child. DSCC shall provide notice of the limit to all Recipients and Health Care Facilities who may be affected.
- d) By accepting a DSCC authorization, the Health Care Provider agrees not to seek further payment from the patient or the patient's family for such authorized services beyond the amounts available from insurance, DSCC, Medicare, or Medicaid. In those cases where DSCC has notified the Provider that money is no longer available from DSCC, the Provider shall not be so restricted.
- e) Insurance
- 1) Att Maximum insurance benefits must be used. The LRA is responsible to comply with insurance contract provisions required to maximize the level of insurance benefits.
- 2) Payment for authorized services for children with insurance benefits shall not be made until insurance has paid or rejected the claim. Subject to all the limits on benefits as contained in these Rules, DSCC will pay the cost of all required services above that reimbursed by insurance up to an established rate of payment. The Director shall approve payment for authorized services prior to settlement of the insurance claims if such is necessary to avoid undue suffering or to preserve life and good health, and if immediate payment will cause DSCC funds to be utilized in the most efficient and effective fashion, all as determined based on usual and customary medical standards.
- 3) The family shall notify DSCC within thirty (30) days of any change in the child's medical insurance coverage which results in coverage of costs which are currently paid for by DSCC.
- f) DSCC will not provide reimbursement for minor occasional costs of a Recipient Child's treatment. For purposes of this clause "minor costs" shall be defined as charges for supplies, equipment, replacement parts, repair and replacement of equipment, and drugs less than \$25 each. "Occasional costs" shall be defined as costs occurring less frequently than once per month. In the event that minor costs are not occasional, they may be aggregated by the LRA and will be authorized by DSCC.
- g) Submittal of Claims
- 1) In order to be eligible for payment consideration, a provider's/vendor's payment claim or bill, either initial or resubmittal following prior rejection, must be received by DSCC no later than nine (9) months from the date on which medical services, appliances or supplies are provided. ~~or date of authorization, whichever comes first.~~ This includes third party payment or denial information.



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- 2) Claims which are not submitted and received by DSCC in compliance with the requirements of subsection (g)(1) will not be eligible for payment under DSCC's medical program. DSCC and the patient or patient's family or guardian shall have no liability for any payment thereof.

(Source: Amended at Ill. Reg. \_\_\_\_, effective \_\_\_\_)

## Section 1200.80 Availability of Services

## a) Limitations

DSCC will not provide the following:

- 1) Organ transplants and related anti-rejection drugs.
- 2) Surgery which is primarily for cosmetic purposes.
- 3) Research or experimental medical or professional services, hospital services, drugs, devices or equipment.
  - A) Research or experimental medical or professional services, hospital services, drugs, devices or equipment is defined to include services, drugs, devices or equipment which have not been recognized as having a proven rehabilitative value as determined by the professional standards of the applicable medical or health care specialty groups, including but not limited to:
    - i) equipment or appliances that do not have the approval of the Department of Health and Human Services Food and Drug Administration or other appropriate federal agency (Investigational New Drugs and Devices and investigational services and treatments shall not be deemed to have received such approval);
    - ii) medical and/or other health related services, including drugs, food supplements, equipment or appliances not reported on, described, or discussed in published and recognized professional journals which have an advisory board passing on its publications;
    - iii) services, drugs, devices, equipment or appliances that have not been recognized by appropriate national professional organizations.

- B) If a Health Care Provider wishes to utilize medical services, equipment or appliances which are identified as possibly research or experimental, the Provider must provide a written

justification for doing so. Other pertinent information from knowledgeable professional sources may be obtained by the Health Care Provider. The DSCC Director shall determine whether services, equipment or appliances are, in fact, experimental or research based on the information supplied and the criteria at Subsections (A)(i)-(iii), immediately above.

- C) If DSCC authorizes a Health Care Provider to perform medical services or hospital service, or to purchase equipment or supplies later determined by DSCC as research or experimental, and if said Provider has failed to notify DSCC in advance of the possible experimental or research nature thereof, the Provider shall be obligated to refund any monies paid to it by DSCC or the LRA to perform such procedure or purchase such item.

## b) Authorization: General

- 1) Except as otherwise specifically provided in Section 1200.80(c)(5), all health care services, equipment or drugs to be purchased for individuals by DSCC, including diagnostic evaluation services (See: Section 1200.80(d)), must be preauthorized, i.e., authorized by DSCC before their delivery. Such authorizations shall be to specific Health Care Providers and shall specify the services to be provided.
  - 2) Prior to any services, equipment or drugs being authorized by DSCC, a completed application must have been submitted to DSCC and eligibility established for the DSCC program.
  - 3) All authorizations are recorded as part of the individual patient's case record.
- c) Authorization Procedure
- 1) An authorization for health care services, equipment or drugs must be requested from DSCC.
    - A) Any person may request that DSCC issue an authorization, but authorizations will not be effective until DSCC receives notice from a Health Care Provider which documents the need for and extent of the services, equipment or drugs to be provided to the Recipient Child. This notice may be either written or oral.
    - B) Services, drugs or equipment which are duplicative of those authorized or exceed authorized limits or are arranged without prior notification to and concurrence by DSCC shall not be authorized.



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- 2) Authorizations will be issued for health care services, drugs or equipment only to a specific Health Care Provider and then only if Provider meets the criteria established in this Part, has evidenced a willingness to participate in the DSCC program, agrees to accept DSCC rates of payment, and agrees to abide by DSCC administrative procedures, as set forth in this Part.

- A) DSCC maintains lists of qualifying, currently participating, Health Care Providers.
- B) If the LRA or Recipient Child wishes to use a particular Health Care Provider, not currently participating in the DSCC program, that Provider will be ~~immediately~~ added to the DSCC program if upon confirmation that said Provider meets all the standards enumerated above.
- 3) All hospitalizations and all equipment purchases are subject to separate authorizations for each occasion of such service.
- 4) Children receiving DSCC services shall be preauthorized a certain set number of professional outpatient service visits if such is determined medically necessary and said services will be furnished by a specific Health Care Professional or Facility. Upon medical recommendation for additional services, separate issuance of authorization(s) will be required.

## 5) Exceptions to the pre-authorization requirement:

- A) The initial medical referral of a child to DSCC may be concurrent with the first visit to an approved Health Care Professional or Health Care Facility. Upon submission of a ~~referral from the Health Care Professional or Provider~~ and/or an completed application by an LRA (within thirty [30] days of the time services were rendered), an authorization for the ~~afordescribed~~ initial medical service will be issued if the applicant and LRA are determined eligible for the DSCC program and if the services provided are determined by DSCC to be medically necessary through the application of usual and customary medical criteria. (Note: payment for such services is subject to the time limits on retroactive benefits.)

- B) Retroactive authorizations for services provided ~~will~~ may be made unless:

- i) the service was not provided during a period of eligibility except as provided in (A), immediately above;

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- ii) DSCC was not notified within thirty (30) days after the service was provided;
- iii) funds are not available to make the reimbursement, as determined by DSCC in accordance with Section 1200.70(b);
- iv) the service was provided by a Health Care Facility or by a Health Care Professional not pre-approved by DSCC as meeting the Standards for Medical Personnel (Section 1200.100) or Standards for Facilities (Section 1200.110); unless the service provided was an emergency, as determined by usual and customary medical standards, in which case the service will be retroactively authorized if the Facility or Professional providing the service is deemed by DSCC to meet the standards of this Part after the request for reimbursement is received;
- v) the LRA has privately arranged for services with a Health Care Provider expecting private sources of reimbursement at the level of their usual and customary charges; unless said Provider subsequently agrees to accept the DSCC level of reimbursement.

## d) The Diagnostic Evaluation Program (Diagnostic Services)

- 1) DSCC provides for early identification and diagnostic evaluation of children eligible for the DSCC treatment program through the qualified professional and support staff within DSCC, through a clinic system which is organized and operated in cooperation with Health Care Providers from various regions and through relationships with Health Care Providers in the private-voluntary sector throughout the state.
- 2) ~~Necessary-Diagnostic-Services~~ Services necessary to determine medical eligibility are provided without charge above available insurance or other forms of reimbursement regardless of family financial circumstances.
- 3) In specified areas outside of Chicago, DSCC arranges for field clinics with special or general scope to meet on a periodic basis. These clinics are staffed by Health Care Professionals participating in the DSCC program and are available for Diagnostic Services as well as certain treatment services.
- 4) In the City of Chicago, DSCC utilizes established outpatient clinics associated with DSCC approved Health Care Facilities to perform Diagnostic Services. This list is available to the general public and these facilities may be utilized at any time,



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since there are not specific "DSCC clinic times" at these Facilities.

- 5) All Applicants requiring Diagnostic Services must receive an Authorization from DSCC and must make a specific appointment for the evaluation, in accordance with the rules and procedures of that Health Care Facility.
- 6) If DSCC is able to determine, from an interview or from other existing information, that an Applicant is ineligible, Diagnostic Services shall not be performed.
- 7) All Diagnostic Services must be provided on an outpatient basis unless inpatient services for this purpose are specifically approved by the Director who shall approve such services when they are medically required to complete the diagnostic evaluation.

## e) The Treatment Program

- 1) DSCC provides for treatment and follow-up services through qualified professional and support staff within DSCC, through the field clinic system outside the City of Chicago, through DSCC approved Health Care Professionals and Facilities in Chicago, and through Health Care Providers throughout the state. The DSCC program is oriented in large part around a clinic or "specialized centers" model to encourage coordinated multi-specialist involvement with DSCC recipient children.

- 2) The services provided through the DSCC Treatment Program include, when determined medically necessary by a Recipient Child's treating physician(s), the following:

- A) Consultative services through a Health Care Professional or Facility.
- B) Continuing outpatient supervision furnished by Health Care Professionals including office visits or by a Health Care Facility in a clinic, if such would more adequately meet the health care needs of the Recipient Child based on all applicable medical criteria than would a DSCC field clinic.
- C) Hospitalization and inpatient medical and/or surgical treatment including special rehabilitation services. Provided, however, that procedures, tests, or services shall not be performed on an inpatient basis if, under medical professional standards such procedures, tests, or services are usually and customarily performed in outpatient facilities, except that such procedures, tests, or services shall be performed on an inpatient basis if

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determined to be medically indicated by the Director based on the recommendation of the Recipient Child's treating physician(s).

- D) Convalescent care to the extent available and required as an intermediate service to continued hospitalization.
- E) Home based care intended to prevent continued hospitalization or similar-type medical placement, as determined desirable and feasible applying all medical standards. Such care is limited to training of parents and/or community health care providers; provision of recommended equipment and supplies; and, as necessary, periodic visiting nurse and/or related health personnel supervision. DSCC does not provide continuing care nursing, life support systems, or high technology equipment and related supplies but will help the LRA locate funding sources for these services, if they are determined to be medically necessary.
- F) Assistive appliances, approved by DSCC, such as braces, prosthetic limbs, hearing aids, wheelchairs and related adaptive devices and special supplies determined medically necessary to accomplish rehabilitation goals. Excluded are fixed architectural modifications of the LRA's dwelling in which the child resides, and property related thereto. External ramps and/or mechanical lifts needed to provide the child access to the dwelling are not excluded.
- G) Speech and hearing therapy, physical and occupational therapy.
- H) Nutrition evaluation, guidance and provision of special dietary substances upon medical recommendation, excepting those dietary substances available through programs of public or private agencies established for such purposes.
- I) Specialized dental care, such as orthodontia, prosthodontia, or oral surgery as required to further the treatment plan of children with severe oro-craniofacial deformities (e.g., cleft lip-cleft palate). Routine preventive or restorative dentistry is not provided except for children for whom this service is a specific recommendation to be integrated into an authorized orthodontic or prosthodontic plan or who, as a special requirement imposed by a physical impairment or as a result of the severity of an impairment, require specialized dental restorative intervention.



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- J) Arrangements for home follow-up services by public health and/or related habilitative services personnel.
- K) Specialized prescriptive drugs integral to the treatment program of a chronic disability, subject to the limitations of Section 1200.70(f).
- L) Genetic evaluation and family counseling.
- M) Psychological/psychiatric evaluation as medically recommended for diagnosis and treatment planning.
- N) Referral to other public or private agencies as required to further support the special needs of the family and/or child.

- 3) In order to make recommended services accessible to families, DSCC will support necessary transportation, lodging, meals, and parking costs ~~for the family and child~~ if the A-Annual Gross Total Income is at or below 133% of Poverty Income Guidelines (55 57 Fed. Reg. 5664 5455). DSCC shall be obligated to provide said support only if no other sources are available for this purpose.

- A) DSCC shall support necessary transportation ~~expenses in accordance with, and by the most economically appropriate method and at a cost not exceeding limitations set forth in the Reimbursement Schedule of the Travel Regulation Council at 80 ILL. Adm. Code 3000-Appendix A.~~ DSCC will prescribe the form and procedure which families must follow in order to receive and verify expenses.

- B) Support will be available for the following individuals: LRAs; the Recipient Child; any additional caretaker whose presence is medically required to provide care for the Recipient Child during transportation. ~~Transportation assistance will be limited to a maximum of one round-trip for each authorized person requiring an overnight stay.~~

- C) When circumstance so dictate to meet the health care needs of the child, the Director shall authorize payments in excess of the amount stated above.

(Source: Amended at \_\_\_ Ill. Reg. \_\_\_, effective \_\_\_\_\_)

## Section 1200.100 Standards for Health Care Professionals

- a) Personnel Receiving DSCC Authorizations

- 1) Physicians: General Qualifications

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In view of the specialized care required by children with chronic and often uncommon physical impairments served by DSCC, a participating physician Health Care Professional shall be certified by one of the boards constituting the American Board of Medical Specialties; be licensed by the State of Illinois or the State in which the medical services are being provided; and be a member in good standing of the professional staff of the Health Care Facility approved by DSCC for the services to be provided. Physicians shall be those who have been approved by DSCC as meeting the above standards as evidenced by a submission thereof on forms provided by DSCC for that purpose. The Director will authorize the use of non-certified physicians when such is required to meet the needs of a specific child (for purposes of this clause a non-certified physician is defined as a physician who is qualified by training in his specialty as determined by the American Board of Medical Specialties but who has not yet met the minimum experience qualifications required to complete the credentialing process through oral and written examinations). In such cases, the Director will establish limits on the services to be performed by such Professionals which reflect the extent of the training and experience of the physician.

- 2) Physicians: Special Qualifications

If medically necessary to meet the unique needs of individual children, the Director shall require physicians involved in providing care to said children to demonstrate that they have completed advanced training germane to the condition being treated. Such training may include sub-specialty certification by the American Boards of Medical Specialties or completion of a period of fellowship training in an approved program. The Director may also require, in such circumstance, that the physician evidence completion of continuing medical education in the specialized area needed and demonstrate significant recent experience in treating low incidence health impairments. Among the services provided by DSCC which require such qualifications are those involving medical and surgical management of children with cardiac defects; surgical management of curvature of the spine; habilitation of the upper extremity amputee; diagnosis and management of inborn errors of metabolism; hemophilia; cystic fibrosis; cleft lip/cleft palate; spina bifida; and genetic evaluation and counseling.

- 3) Other Health Care Professionals

Other Health Care Professionals include, but are not limited to, nurses, social workers, specialized dentists, physical therapists, occupational therapists, speech clinicians, audiologists, optometrists, podiatrists, psychologists,



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nutritionists, genetic counselors, orthotists, prosthetists, and related consultants shall meet licensure, certification and credentialing requirements of the State and professional associations in the specialty areas in which they practice or provide services. Additionally, they shall present evidence of their training and experience in providing services to physically impaired children. Evidence of such training and experience shall be relevant to the prescriptive intervention ordered. The Director shall require additional qualifications when further expertise is required in accordance with the standards enumerated in subsection (2) immediately above. All such services shall be provided when medically necessary as determined by the DSCC Director considering the recommendations of the principal Health Care Professional.

## 4) Insurance

~~All physicians and all other Health Care Professionals must carry medical malpractice insurance in such amounts as are determined as actuarially sound from time to time and must provide DSCC with assurance of such coverage.~~

All physicians and all other health care professionals shall maintain professional liability insurance in such amounts as may be determined by DSCC from time to time and must provide DSCC with assurance of such coverage.

## 5) Health Care Professionals providing DSCC services prior to the effective date of this Part.

The above qualifications notwithstanding, physicians and other Health Care Providers who provided DSCC services prior to the effective date of this Part shall be entitled to continue in such status provided the Director determines that they have demonstrated the skill, knowledge, training, and experience necessary to continue to provide services to Recipient Children. They shall be deemed to have demonstrated such skill, knowledge, training and experience if past medical outcomes were satisfactory, past medical diagnoses proved correct, and all past medical interventions were in accordance with usual and customary medical standards. (See exclusion in subsection (b)(6) immediately below.)

## 6) Exclusion from Participation

A) Health Care Professionals formally involuntarily excluded from participation in programs of federal and state agencies, shall automatically be excluded from participation in the DSCC program.

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B) Health Care Professionals shall also be excluded for cause. Cause for exclusion by DSCC shall include, but shall not be limited to, failure to successfully complete the accreditation process by the appropriate certifying Board or organization within the maximum time frame for such certification; documented evidence of any kind of professional performance not consonant with the recognized standard of care; adverse action of a hospital medical board, a professional society or other organization; and lack of cooperation regarding billing practice or submission of reports.

C) Any exclusion for cause shall be communicated to the Health Care Professional in writing. The Professional shall be entitled to appeal any such decision in accordance with the procedures set forth in subsection (b), immediately below.

b) Upon receiving notice of DSCC intention to terminate participation in DSCC programs for cause, a Health Care Professional shall be entitled to a hearing thereon before the DSCC Director, if such is requested in writing within thirty days after said notice is received by the Professional.

1) The hearing shall be informal in nature and the Professional shall have the right to present all relevant information, witnesses, and evidence in any form.

2) The sole question which shall be determined is whether the Professional is qualified to provide services to DSCC Recipients under the standards established by Section 1200.100 of this Part.

3) Within thirty (30) days after the hearing, the Director shall issue a decision determining whether the Professional is so qualified and stating the reasons for the decision. The decision shall be based upon the facts presented at the hearing and any supplemental investigation performed by the Director.

4) The decision of the Director shall be final.

(Source: Amended at \_\_\_ Ill. Reg. \_\_\_, effective \_\_\_\_\_)

## Section 1200.110 Standards for Health Care Facilities

## a) Diagnostic and Treatment Facilities - General

1) All such facilities utilized by DSCC must carry adequate malpractice insurance in such amounts as are determined by the Director from time to time and must give DSCC assurance of this coverage.



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- 2) All hospital and extended care facilities utilized by DSCC for the provision of patient care services shall conform to the following standards:

- A) Licensure by the appropriate state licensing body;
- B) Approval of Accreditation by the Joint Commission on Accreditation of Hospitals Healthcare Organizations, or, the American Osteopathic Association;
- C) Recipient Children shall be provided care in hospital facilities with a physically definable pediatric unit to which only children are admitted. The entire pediatric unit shall have an annual average daily census of fifteen (15) children or more, excluding normal newborns. In making the selection and designation of such approved patient care facilities, DSCC shall give priority to those facilities which demonstrate emphasis on quality children's medical services pursuant to standards enumerated in subsection (D) immediately below. In a particular service area in which only a single hospital is utilized to admit all Recipient Children, but in which the population base of the area does not allow achievement of the average daily census indicated above, these standards shall be waived when determined by the DSCC Director to be medically indicated to meet the needs of the Recipient Child;

- D) All patient care facilities, programs and specialized patient care centers shall meet national standards whenever possible, including those promulgated by the American Medical Association, the American Hospital Association, the American College of Surgeons, the American Academy of Pediatrics, the Joint Commission on the Accreditation of Hospitals, the Commission for the Accreditation of Rehabilitation Facilities, the Inter-Society Committee on Congenital Heart Disease and the American Heart Association.

- 3) Priority shall be given to those Facilities affiliated with a medical school. DSCC shall refer children to designated regional or statewide referral centers when medically indicated utilizing usual and customary medical standards.

- 4) The above standards shall be waived by the DSCC Director when necessary to meet the medical needs of the child utilizing usual and customary medical standards.

- b) Outpatient Therapy Centers, defined as facilities, not directly associated with approved hospital facilities, which are organized to provide habilitative services such as physical, occupational, speech

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and hearing therapy (including applicable diagnoses), at the community level, will be available to patients under DSCC authorization provided that:

- 1) Such facilities carry adequate malpractice insurance in such amounts as are determined by the Director from time to time and DSCC is given assurances of this coverage;
- 2) Such facilities and staff meet appropriate state certification whenever such standards exist;
- 3) Such facilities and staff meet accreditation standards of the Commission for Accreditation of Rehabilitation Facilities; where they exist;
- 4) Utilization of Outpatient Therapy Centers or individual therapist Health Care Professionals must be prescribed by the Recipient Child's DSCC-authorized physician responsible for the overall management of the physical impairment requiring the habilitative service.

## c) Medical Equipment Suppliers

- 1) All medical equipment suppliers must carry adequate insurance in such amounts as are determined by the Director from time to time and must give DSCC assurance of this coverage.
- 2) A facility providing braces, appliances and/or prostheses must be currently approved under the Facility Certification Program administered by the American Board of Certification in Orthotics and Prosthetics, Incorporated, and have in their employ an orthotist and/or prosthetist who has successfully completed a training program recognized by the American Board of Orthotists and Prosthetists, Incorporated, and who is certified by said Board. Providers of specialized medical equipment shall be authorized or approved dealers for such equipment as defined by the manufacturer and shall meet the manufacturer's standards for servicing and repairing such equipment.
- 3) The above services must be requested by the Recipient Child's DSCC-authorized physician.
- 4) A provider of hearing aids must be certified by the Department of Public Health as a hearing aid dispenser as provided in the "Hearing Aid Consumer Protection Act" (Ill. Rev. Stat. 1991, ch. 111, par. 7401, et seq., effective July 1, 1984).

## d) Clinical Laboratories



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- 1) All clinical laboratories must carry adequate insurance in such amounts as are determined by the Director from time to time and must give DSCC assurance of this coverage.
- 2) All such laboratories utilized by DSCC must meet the standards and be appropriately licensed by the state in which they operate. Laboratories in Illinois must have a current license maintained in accordance with the Illinois Clinical Laboratory Act and Illinois Clinical Laboratories Code, or, be fully certified to perform tests of moderate or high complexity under the Clinical Laboratory Improvement Amendments of 1988 (CLIA).

4)e) Hospitals and other treatment facilities are responsible for informing DSCC of changes in professional staff providing services to any Recipient Child.

(Source: Amended at Ill. Reg. \_\_\_\_, effective \_\_\_\_)

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## Section 1200. Appendix A

## Income Scale

Size of Household	Income* (FY 90-93)
1	\$-13,500 \$ 14,900
2	17,600 19,500
3	21,800 24,100
4	25,900 28,700
5	30,100 33,300
6	34,200 37,900
7	35,000 38,800
8	35,800 39,700
9	36,600 40,500
10	37,300 41,400
11	38,100 42,200
12	38,900 43,100

This table is based upon 65% of the gross median family income adjusted for family size as developed for the State of Illinois by the U.S. Department of Health and Human Services, using the Federal Register's updated table for gross median family income (54 57 Fed. Reg. 11038 6614). In order to find 65% of state median income for households with greater than 12 members, perform the following calculation:

- 1) Begin with 150%;
- 2) Add 3 percentage points for each additional family member;
- 3) Multiply figure obtained at step (2) by 25,900 28,700 (i.e., the 4 person household amount);
- 4) Round the figure obtained at step (3) to the nearest \$50 \$100.

\*Allowable Adjusted Family Income which results in full financial assistance.

(Source: Amended at Ill. Reg. \_\_\_\_, effective \_\_\_\_)



## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Older Americans Act Programs
- 2) Code Citation: 89 Ill. Adm. Code 230
- 3) Section Numbers: Adopted Action:  
230.45 Amendments  
230.570 Amendments
- 4) Statutory Authority: Ill. Rev. Stat. 1991, Ch. 23, Sections 6104.01(4), (9), (11), and (12); 6104.02, 6104.03, and 6105.02
- 5) Effective Date of Amendment(s): September 28, 1992
- 6) Does this rulemaking contain an automatic repeal date?  
Yes ☐ No ☒
- 7) Does this amendment contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: September 25, 1992
- 9) Notice of Proposal Published in Illinois Register:  
March 13, 1992: 16 Ill. Reg. 3605  
(issue date)
- 10) Has JCAR issued a Statement of Objections to this (these) amendment(s)? Yes  
A) Statement of Objection: October 2, 1992, 16 Ill. Reg.  
B) Agency Response: October 9, 1992, 16 Ill. Reg. 15590  
C) Date Agency Response Submitted to JCAR: September 25, 1992
- 11) Difference(s) between proposal and final version:  
The following technical changes have been made subsequent to the first notice period:

## AUTHORITY NOTE:

updated all Ill. Rev. Stat. citations to 1991.

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## Section 230.45:

## Subsection 230.45(a):

the word "thirteen" immediately following the word "the" and immediately before the word "Area" has been deleted and the number "13" has been added and inserted in its place.

## Subsection 230.45(b):

the word "thirteen" immediately following the word "the" and immediately before the word "Area" has been deleted and the number "13" has been added and inserted in its place.

## Subsection 230.45(c)(3):

the word "sixty" immediately following the word "population" and immediately before the word "years" has been deleted and the number "60" has been added and inserted in its place.

## Subsection 230.45(d)(1):

the word "sixty" immediately following the word "population" and immediately before the word "years" has been deleted and the number "60" has been added and inserted in its place.

## Subsection 230.45(d)(2):

the word "sixty" immediately following the word "population" and immediately before the word "years" has been deleted and the number "60" has been added and inserted in its place.

## Subsection 230.45(d)(3)(A):

the word "sixty" immediately before the word "years" has been deleted and the number "60" has been added and inserted in its place.

## Subsection 230.45(d)(3)(B):

the word "sixty" immediately before the word "years" has been deleted and the number "60" has



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been added and inserted in its place.

## Subsection 230.45(d)(3)(C):

the word "seventy-five" immediately before the word "years" has been deleted and the number "75" has been added and inserted in its place.

## Subsection 230.45(d)(4):

the word "sixty" immediately following the word "population" and immediately before the word "years" has been deleted and the number "60" has been added and inserted in its place.

## Subsection 230.45(f)(2)(B):

the word "sixty" immediately following the word "age" and immediately before the word "and" has been deleted and the number "60" has been added and inserted in its place.

## Subsection 230.45(f)(2)(C):

the word "sixty" immediately following the word "age" and immediately before the word "and" has been deleted and the number "60" has been added and inserted in its place.

## Subsection 230.45(f)(2)(D):

the word "sixty" immediately following the word "age" and immediately before the word "and" has been deleted and the number "60" has been added and inserted in its place.

## Subsection 230.45(f)(2)(E):

the word "sixty" immediately following the word "age" and immediately before the word "and" has been deleted and the number "60" has been added and inserted in its place.

## Subsection 230.45(f)(2)(F):

the word "seventy-five" immediately following the word "age" and immediately before the word "and"

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has been deleted and the number "75" has been added and inserted in its place.

## Subsection 230.45(f)(2)(G):

the word "sixty" immediately following the word "age" and immediately before the word "and" has been deleted and the number "60" has been added and inserted in its place.

## Section 230.570

## Subsection 230.570(a):

the subsection letter indicator "a" has been deleted.

12) Have all changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? No agreement letter was issued.

13) Will this amendment replace an emergency amendment currently in effect? No

14) Are there any proposed amendments pending on this Part? No

## 15) Summary and Purpose of Amendment(s):

These amendments are being adopted to revise the Intrastate Funding Formula to ensure that the resources of the Older Americans Act programs are distributed equitably and distributed most specifically to those elderly in the greatest economic and social need pursuant to Departmental rule requirements and statutory mandates.

16) Information and questions regarding this adopted amendment shall be directed to:

Name: Mary J. Mayes  
Policy and Rules Analyst  
Address: Illinois Department on Aging  
421 East Capitol Avenue  
Springfield, IL 62701  
Telephone: (217) 782-4842

The full text of the Adopted Amendment(s) begins on the next page:



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TITLE 89: SOCIAL SERVICES

CHAPTER II: DEPARTMENT ON AGING

PART 230

OLDER AMERICANS ACT PROGRAMS

SUBPART A: STATE AGENCY

- Section
- 230.10 Designation and Function
- 230.20 Administration
- 230.30 State Plan
- 230.40 State Agency Requirements
- 230.41 Advocacy
- 230.42 Long-Term Care Ombudsman Program
- 230.43 Service Delivery Systems Responsibilities
- 230.44 State Advisory Council
- 230.45 Intrastate Funding Formula
- 230.46 Hearings
- 230.47 Designation of Planning and Service Areas
- SUBPART B: AREA AGENCIES ON AGING
- Section
- 230.110 Designation and Function
- 230.120 Administration
- 230.130 Area Plans
- 230.140 Withdrawal of Area Agency on Aging Designation
- 230.145 Continuity of Services
- 230.150 Area Agency on Aging Responsibilities
- SUBPART C: SERVICE REQUIREMENTS
- Section
- 230.210 Direct Provision of Services by the Department and Area Agencies on Aging
- 230.220 Planning, Coordination and Provision of Services Funded Under Other Programs
- 230.230 Licensure and Safety Requirements
- 230.240 Provider Requirements
- 230.250 Services
- SUBPART D: FISCAL REQUIREMENTS
- Section
- 230.310 Types of Allotments
- 230.320 Limitations on Use

- SUBPART E: HEARINGS
- Section
- 230.410 Hearing Before the Department
- 230.420 Hearing Before the Area Agency on Aging
- 230.430 Non-applicability of Hearing Requirements
- 230.440 Arrangements for Hearings
- SUBPART F: TITLE III-D
- Section
- 230.510 Target Population
- 230.520 Eligibility Criteria
- 230.530 Eligibility Determination
- 230.540 Allowable Services
- 230.550 Maintenance of Effort
- 230.560 Coordination of Services
- 230.570 Distribution of Funds
- 230.580 Area Agency on Aging Administration
- SUBPART G: CASE MANAGEMENT SERVICES
- Section
- 230.610 General Requirements for Providers of Case Management Services
- 230.620 Case Management Service Availability
- 230.630 Service Activities
- 230.640 Records and Documentation
- 230.650 Case Coordination Unit Compliance During Contract/Grant Period

AUTHORITY: Implementing the Illinois Act on the Aging (Ill. Rev. Stat. 1991, ch. 23, pars. 6101 et seq.) and the Older Americans Act, as amended (42 U.S.C. 3001 et seq.) and authorized by Section 4.01 of the Illinois Act on the Aging (Ill. Rev. Stat. 1991, ch. 23, par. 6104.01).



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SOURCE: Adopted at 5 Ill. Reg. 3722, effective March 31, 1981; amended at 6 Ill. Reg. 7379, effective June 16, 1982; codified at 7 Ill. Reg. 5178; amended at 7 Ill. Reg. 9132, effective July 27, 1983; amended at 8 Ill. Reg. 9330, effective June 15, 1984; amended at 9 Ill. Reg. 5297, effective April 8, 1985; amended at 10 Ill. Reg. 5787, effective March 27, 1986; recodified at 10 Ill. Reg. 7653; effective April 30, 1986; amended at 10 Ill. Reg. 14616, effective August 26, 1986; amended at 11 Ill. Reg. 3856, effective February 17, 1987; amended at 11 Ill. Reg. 7586, effective April 8, 1987; amended at 11 Ill. Reg. 15869, effective October 1, 1987; emergency amendments at 12 Ill. Reg. 12540, effective July 15, 1988, for a maximum of 150 days, emergency expired December 12, 1988; amended at 13 Ill. Reg. 2015, effective February 1, 1989; amended at 13 Ill. Reg. 3054, effective March 1, 1989; amended at 13 Ill. Reg. 20299, effective December 15, 1989; amended at 14 Ill. Reg. 2308, effective January 25, 1990; amended at 15 Ill. Reg. 18642, effective December 13, 1991; amended at 16 Ill. Reg. 15401, effective September 28, 1992.

NOTE: Capitalization denotes statutory language.

Section 230.45 Intrastate Funding Formula

The Department, following consultation with all Area Agencies on Aging in the State, shall develop and utilize an Intrastate Funding Formula which meets the requirements specified in 45 CFR 1321-37.

- a) The Department shall allocate Title III Older Americans Act (42 USC 3001 et seq.) funds and State General Revenue Funds (GRF) appropriated for distribution to the ~~thirteen~~ Area Agencies on Aging on a formula based in accordance with Older Americans Act requirements.
- b) For purposes of this Section, the following terms have the meanings specified:
  - "Base" means the ~~current year's~~ allocation for Federal Fiscal Year (FFY) 1992 as of March 1, 1992 for each source of funds (e.g., Title III-B, Title III-C1, Title III-C2, Title III-D, GRF Match, GRF Home Delivered Meals, etc.) distributed by the Department to the ~~thirteen~~ Area Agencies on Aging for their respective Planning and Service Areas. In Federal FY 1993, the "base" means two-thirds of the FFY 1992 base for each

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source of funds. In Federal FY 1994, the "base" means one-third of the FFY 1992 base for each source of funds. Each Area Agency on Aging has a "base" level for each source of funds it receives from the Department to be administered through the Area Plan on Aging.

"Bureau of the Census" means the Bureau of the Census, U.S. Department of Commerce.

"Housing unit" means a house, an apartment, a group of rooms, or a single room occupied as a separate living quarters.

"Living alone" means being the sole resident of a housing unit.

"Minority group" means those persons who identify themselves as belonging to a particular ethnic/racial grouping as classified by the Bureau of the Census publication PC80-1-C15.

"PSA" means a Planning and Service Area which is designated pursuant to Section 230.47.

"Poverty threshold" means the income cutoff which determines an individual's poverty status as defined by the Bureau of the Census publication PC80-1-C15.

"Rural area" means a geographic location not within a Standard-Metropolitan Statistical Area (SMSA) as defined by the Bureau of the Census publication PC80-1-C15.

c) In order for a particular factor to be included in the Intrastate Funding Formula, it must:

- 1) be derived from data which is quantifiable by PSA;
- 2) be based on data which is derivable from the Bureau of the Census; and
- 3) characterize at least ~~53~~ percent of the state's population ~~50~~ years of age and older.

d) The Formula contains the following factors:



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- 1) The number of the state's population ~~60sixty~~60 years of age and older in the PSAs as an indicator of need in general (60+ population).
- 2) The number of the state's population ~~60sixty~~60 years of age and older at or below the poverty threshold in the PSAs as an indicator of greatest economic need (GEN -60+ Poverty).
- 3) As indicators of greatest social need, the number of the state's elderly in the PSAs who are:
- A) ~~60sixty~~ (60)-years of age and over and a member of a minority group (GNS -60+ Minority);
- B) ~~60sixty~~ (60)-years of age and over and living alone (GNS -60+ Living Alone);
- C) ~~75seventy-five~~ (75)-years of age and over (GNS -75+ Population).
- 4) The number of the state's population ~~60sixty~~60 years of age and older residing in rural areas of the PSAs as a means of assuring that the State will spend an amount equal to or not less than 105% of the amount expended for services to rural elderly in Federal FY 78.
- e) The Ffunding Fformula factors are weighted as follows:
- |  |                        |
|--|------------------------|
| 1) 60+ Population  | <del>41.0%</del> 45.0% |
| 2) Greatest Economic Need: (60+ Poverty)   | 25.0%                  |
| 3) Greatest Social Need: (60+ Minority - 10.0%) (60+ Living Alone - 7.5%10.0%) (75+ Population - 7.5%5.0%) | 25.0%                  |
| 4) 60+ Rural   | <del>9.0%</del> 5.0%   |
- f) The Intrastate Ffunding Fformula is:
- 1)  $A = (.41-.45 \text{ POP-60} + .25 \text{ POV-60} + .10 \text{ MIN-60} + .075-.10 \text{ LA-60} + .075-.05 \text{ POP-75} + .09-.05 \text{ RUR-60}) \times (T)$

- 2) Where:
- A) A = Funding allocation from a specific source of funds to a particular PSA.
- B) POP-60 = Percentage of the state's population within the particular PSA age ~~60sixty~~60 and older.
- C) POV-60 = Percentage of the state's population within the particular PSA age ~~60sixty~~60 and older at or below the poverty threshold.
- D) MIN-60 = Percentage of the state's population within the particular PSA age ~~60sixty~~60 and older and a member of a minority group.
- E) LA-60 = Percentage of the state's population within the particular PSA age ~~60sixty~~60 and older and living alone.
- F) POP-75 = Percentage of the state's population within the particular PSA age ~~75seventy-five~~75 and older.
- G) RUR-60 = Percentage of the state's population within the particular PSA age ~~60sixty~~60 and older not residing in the SMSA.
- H) T = The total amount of funds appropriated from a specific source of funds.
- g) The base is to be used as the starting point when calculating the distribution of funds in Federal FY 1993 and Federal FY 1994~~any increases or decreases in~~ funds from a source of funds to be allocated to the Area Agencies on Aging for their respective PSAs. After the most recent allocation levels have been calculated, the resulting allocation levels from each source of funds become the new base.

- 1) When the amount of funds appropriated to the Department for allocation to the Area Agencies on Aging for their respective PSAs from any source



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~~of funds increases. Each PSA will receive its base allocation from that source of funds plus its share of the additional funds above the base level. Each PSA's share of the additional funds is calculated by use of the Fformula delineated in subsection (f) (1).~~

2) When the amount of funds appropriated to the Department for allocation to the Area Agencies on Aging for their respective PSAs from any source of funds decreases below the base level, each PSA will receive its base allocation from that source of funds minus its share of the reduction in funds. The percentage reduction in funds for each PSA will equal the percentage reduction for the source of funds that was reduced.

h) In Federal FY 1995 and in each year thereafter, each PSA's share of the funds from any source of funds is to be calculated by use of the Formula delineated in subsection (f)(1).

i) The data used in the Intrastate Ffunding Fformula reflects the most current and up-to-date information from the Bureau of the Census, including mid-census estimates when available.

i) The only exceptions to the above provisions will be the distribution of Ombudsman and Title III-G funds and in instances of a legislatively directed program requiring funding at a designated level for a defined target population. These funds will be distributed in accordance with the prescribed Fformula stated in the applicable legislation. If there is not a prescribed Fformula stated in the applicable legislation, the Department has the authority to determine the methodology to be used to distribute the funds.

k) Whenever the Director determines that any amount allotted to an Area Agency on Aging for a Fiscal Year under this Formula will not be used by such Area Agency on Aging for carrying out the purposes for which the allotment was made, the Director may, in accordance with this subsection, make such allotment available for carrying out such purpose to one or more other Area Agencies on Aging to the extent the Director determines that such other Area Agencies on Aging will be able to

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use such additional amount for carrying out such purpose. Funds will be reallocated to those Area Agencies on Aging which request and demonstrate the need for additional funds in accordance with procedures developed by the Department. Any reallocation amount made available to an Area Agency on Aging from an appropriation for a Fiscal Year in accordance with the preceding sentence shall, for the purposes of this title, be regarded as part of such Area Agency's allotment for such year, and shall remain available only until the end of that Fiscal Year. Funds available for reallocation will be:

1) those in excess of an Area Agency's allowable carryover amount determined by the financial closeout of the Fiscal Year;

2) those carryover funds available to an Area Agency on Aging determined by the financial closeout of the Fiscal Year but not requested by an Area Agency on Aging; and

3) those funds offered to the Department for reallocation by an Area Agency on Aging.

l) If the Director finds that any Area Agency on Aging has failed to qualify under the Area Plan Requirements of the Older Americans Act, or Section 230.140, the Director may withhold the allotment of funds to such Area Agency on Aging. The Director shall direct the disbursement of the funds so withheld directly to any qualified public or private nonprofit institution or organization, agency, or political subdivision in order to ensure continuity of services pursuant to Section 230.145.

m) The allotment to an Area Agency on Aging may be reduced by the amount of any disallowance, in the Fiscal Year following the identification of the disallowance, if that Area Agency on Aging has expended funds allocated under this Part:

1) for purposes which an audit report determines to be questioned costs which are deemed disallowed by the Department;

2) for purposes which an audit report



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determines to be unallowable; or

- 3) for purposes which are otherwise determined to be unallowable according to cost principles contained in applicable OMB Circulars or the approved grant/contract award.

n) If an Area Agency on Aging does not expend the required minimum percentage of their Title III-B allocation on access services, in-home services, and legal services as established by the Department, pursuant to the Older Americans Act in a Fiscal Year as determined by the financial closeout report, and no waiver of the requirement has been granted by the Department for that Fiscal Year, the Area Agency on Aging must, for the next Fiscal Year following the submission of their report, expend the minimum percentage established for that next Fiscal Year, PLUS the amount they were deficient in meeting the minimum percentage in the reported year. If the Area Agency on Aging does not expend the required amount in the subsequent Fiscal Year, the amount that they were deficient from that required expenditure amount may be withheld from the Area Agency on Aging during the Fiscal Year following the Fiscal Year in which the shortage is determined.

(Source: Amended at 16 Ill. Reg. 15401, effective September 28, 1992)

## Section 230.570 Distribution of Funds

a) The Intrastate Funding Formula provisions of Section 230.45 shall not apply to the distribution of Title III-D funds as specified in this Subpart, definitions of terms contained in that Section are applicable. Title III-D distributive funds are to be allocated to area agencies on aging on a formula basis according to the percentage weight assigned to the factors specified below (refer to Section 230.45 for definitions):

1) 60+ Population	45%
2) 60+ Poverty (GSN)	25%
3) 60+ Minority (GSN)	10%
4) 60+ Living Alone (GSN)	10%
5) 75+ Population (GSN)	5%
6) 60+ Rural	5%

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b) The intrastate funding formula for Title III-D is (refer to Section 230.45 for definitions):

$$1) A = (.45 * POP-60) + (.25 * POV-60) + (.10 * MIN-60) + (.10 * LA-60) + (.05 * POP-75) + (.05 * RUR-60)$$

2) Where:

- A) A = Funding allocation to a particular PSA.  
 B) POP-60 = Percentage of the state's population within a particular PSA age 60 and older.  
 C) POV-60 = Percentage of the state's population within a particular PSA age 60 and older at or below the poverty threshold.  
 D) MIN-60 = Percentage of the state's population within a particular PSA age 60 and older and a member of a minority group.  
 5) LA-60 = Percentage of the state's population within a particular PSA age 60 and older and living alone.  
 6) POP-75 = Percentage of the state's population within a particular PSA age 75 and older.  
 7) RUR-60 = Percentage of the state's population within a particular PSA age 60 and older and not residing in a SMSA.

(Source: Amended at 16 Ill. Reg. 15401, effective September 28, 1992)



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- 1) Heading of the Part: Carnival and Amusement Ride Inspection Law
- 2) Code Citation: 56 Ill. Adm. Code 6000
- 3) Section Number: 6000.340 Adopted Action: New
- 4) Statutory Authority: Ill. Rev. Stat. Ch. 111 1/2, par. 4056
- 5) Effective date of Amendment: September 28, 1992
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this amendment contain incorporations by reference? Yes
- 8) Date filed in Agency's Principal Office: September 22, 1992
- 9) Notice of proposal published in Illinois Register: May 15, 1992, 16 Ill. Reg. 7543
- 10) Has JCAR issued a Statement of Objections to this rule? No
- 11) Difference(s) between proposal and final version:

During the first notice period, the Board, at the request of DCCA, deleted the requirement for a back board and stretcher in subsection w(2).

The Board made the following technical changes for simplicity and clarity of thought:

1. Corrected the spelling of "Carabiner";
2. Subsection (a) "Ankle-Binding" deleted; "The binding is tied together";
3. Subsection (a) "Landing Area" deleted, or where the lifting appliance moves the jumper so that landing occurs away from the jump spaces, then the landing shall be the area covered by the movement of the lifting appliance; ;
4. Subsection (a) "Licensed Professional Engineer" the phrase "or comparable authority in another state" was added;
5. Subsection (a) "Safety Belt" was deleted in its entirety;
6. Subsection (b)(1)(c) was added;
7. Subsection (b)(4) "double jumping" was changed to "tandem jumping";
8. Subsection (c)(1) "All platforms and appliances shall meet the requirements of 29CFR-1910.180, 1991 edition. This standard is hereby incorporated by reference and does not include any later editions, amendments or correction." was deleted;
9. Subsection (c)(7) "The jumper shall be secured by a safety belt or life line until the jump height is reached." was deleted;
10. Subsection (c)(9) "Safety line" was substituted for "safety belt";

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11. Subsection (c)(14) the phrase "and direction" was added;
12. Subsection (c)(15)(B) "The hoist rope has sufficient length for the working heights, the equipment operator shall run out the rope and" was deleted;
13. Subsection (d)(5)(B) "(1/2)" was deleted;
14. Subsection (d)(6)(A) was shortened to read "Each manufacturer shall supply specifications for the cords being used.";
15. Subsection (d)(11)(C) "the bungee cord is to be replaced immediately. The bungee cord shall be subjected to inspection and testing as required in these regulations" was replaced with "remove the bungee cord from service immediately and destroy it.";
16. Subsection (n) was changed from "LIFE LINES, SAFETY BELTS AND HARNESS" to "LIFE LINES AND HARNESSES";
17. Subsections (h)(1) and (h)(4) were combined into one statement "A safety harness and life line shall be used by all persons on the platform.";
18. Subsection (n)(3) "Safety Belts" was replaced by "A life line";
19. Subsection (i)(1) "regularly inspected and tested" was changed to "inspected and tested daily".
20. Proposed subsection (j)(1)(B) was deleted and the following items re-identified:
21. In the new subsection (j)(1)(E) "Life line" was changed to "Safety lines";
22. Subsection (1)(2)(A)(i) "appropriate size" was changed to "at least 1 foot by 3 feet in dimension" was added. Also added was "When above moving water, a mesh or screen must be placed in an upstream position to keep floating debris from entering the landing area.";
23. Subsection (e)(2)(C) was added;
24. Subsection (q)(2)(A) "Jump or", "operating", "jump" and "and shall control the whole operation;" was deleted. "The site controller shall coordinate and be responsible and accountable for all operations;" was added;
25. Subsection (q)(2)(B) "Responsible and accountable for the operation of the site." was deleted and the following text was identified as (i) through (vi). (vii) and (viii) were added;
26. Subsection (q)(2)(C)(iii) added "Potentially" and "at the direction of the jump master";
27. Proposed Subsection (q)(2)(C)(vi) was deleted;
28. Subsection (q)(2)(G) was added;
29. Subsection (r)(1) was reworded;
30. Proposed Subsection (r)(2) was deleted following items were renumbered;
31. New Subsection (r)(4) "component of the operating" was added;
32. Subsection (t) "Backup staff shall be available as required to allow adequate spelling to take place" was deleted;
33. Subsection (u)(5) "Proof of age shall be a valid drivers license with a photograph of the license holder." was incorporated into (u)(6);
34. Subsection (v)(1) "and other governing bodies" was added;
35. Subsection (v)(2) "regulation" was changed to "Part";
36. Subsection (v)(4)(J) "jump controller" was changed to "site controller";



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37. Proposed Subsection (v)(5)(C) was incorporated into (v)(5)(E)(ii) and relettered the following items;
38. New Subsection (v)(5)(F)(iii) was added;
39. New Subsection (v)(5)(H) was rewritten.

Pursuant to discussions with the Committee regarding the above-referenced rulemaking, the Carnival-Amusement Safety Board has agreed:

1. To delete "the ASTM Standards, and" text from Section 6000.340(b)(1)(A) and inserted in lieu thereof: "ANSI B30.5-1989, ANSI B30.5-1991 Addenda to 1989, 29 CFR 1910.180 - July 1, 1991 and 29 CFR 1926.550(g) - July 1, 1992. These standards are hereby incorporated by reference and do not include any later amendments or corrections."
2. To delete the last sentence of Section 6000.340(c)(3).
3. To add the text "and the manufacturer's specifications for the cord" to Section 6000.340(c)(4).
4. To substitute "as approved by the manufacturer" for "similar to those" in Section 6000.340(d)(4)(B) and deleting "material".
5. To restructure Section 6000.340(d)(6)(B) as follows:

"Any change in specifications, including but not limited to changes that affects the performance of the bungee threads or cord, a change to the end attachments, a change in the material, source of supply or manufacturer, or equipment, shall constitute a new design and require review by a licensed professional engineer."

6. To add the text "(such as, but not limited to, setting the manacage on the cord or the cord becoming entangled during the jump)" to Section 6000.340(d)(9)(G).
7. To add the text "(i.e., ropes used in emergency situations)" after "shock load" in Section 6000.340(i)(6).
8. To delete the text "a permanent file" from Section 6000.340(p)(4) and insert in lieu thereof: "the operations manual. The plan shall include the following elements: the steps necessary to rescue a jumper in case of crane failure or accident, emergency first aid to be given, contacting of and directing emergency service personnel to the site, crowd control, and notification to the Department."
9. To delete the text of Section 6000.340(q)(2)(E)(iii) and insert in lieu thereof:

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"Weighting and marking of weigh on the jumper. The scale shall be certified annually and checked monthly by the operator for accuracy. The certification shall be done by a person recognized under the Illinois Weights and Measures Act, Ill. Rev. Stat. 1991, ch 147, par 108.1, to conform with Section 2.20 of the National Institute of Standards and Technology Handbook 44, 1991 edition. These standards are hereby incorporated by reference and do not include any later amendments or corrections. This handbook is available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402-9235;"

10. To capitalize the "s" in "section" in subsection (d)(1).
11. To delete the space before subsection (d)(11)(A).
12. To make "pound" plural in subsection (d)(6)(C)(iii).
13. To make member plural in subsection (q)(1).
14. To delete "shall" in subsection (v)(5)(B) and change "include" to "including".
15. To raise its minimum age requirements from 16 to 18 in subsection (u)(6) and add the text "issued by an agency of government or employer".

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

- 13) Will this rule amendment replace an emergency amendment currently in effect? Yes

- 14) Are there any amendments pending on this Part? No

- 15) Summary and Purpose of Amendment: This amendment implements the Carnival-Amusement Safety Board Action of January 18, 1992.

- 16) Information and questions regarding this adopted amendment shall be directed to:

Carl Kimble, Chief Inspector  
Carnival & Amusement Ride Division  
Illinois Department of Labor  
#1 W. Old State Capitol Plaza, Room 300  
Springfield, Illinois 62701  
Telephone: (217) 782-9347

The full text of the Adopted Amendment begins on the next page:



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TITLE 56: LABOR AND EMPLOYMENT  
CHAPTER XIII: CARNIVAL-AMUSEMENT SAFETY BOARDPART 6000  
CARNIVAL AND AMUSEMENT RIDE INSPECTION LAW

Section	Definitions
6000.10	Exemptions
6000.20	Inspections
6000.30	Application for a Permit to Operate
6000.40	Permit and Inspection Fees
6000.50	Revocation of Permit to Operate (Repealed)
6000.60	Suspension of Permit to Operate
6000.65	Ride Design and Construction
6000.70	Insurance
6000.80	Penalties
6000.90	Appeals
6000.100	Assembly and Disassembly
6000.110	Operator Requirements
6000.120	Passenger Conduct
6000.130	Signal Systems
6000.140	Daily Inspection and Test
6000.150	Reports
6000.160	Maintenance
6000.170	Slop Operation Order
6000.180	Fire Prevention and Protection
6000.190	Internal Combustion Engines
6000.200	Means of Access and Egress
6000.210	Electrical Equipment
6000.220	Hydraulic Systems
6000.230	Air Compressors and Equipment
6000.240	Wire Rope
6000.250	Chain
6000.260	Inflated Amusement Attractions and Inflated Buildings
6000.270	Non-Destructive Testing
6000.280	Ski Lifts, Aerial Tramways, and Rope Tows
6000.290	Go-Karts, Dune Buggies and All-Terrain Vehicles
6000.300	Water Slides
6000.310	Dry Type Slides
6000.320	Trams
6000.330	Bungee Jumping
6000.340	

AUTHORITY: Implementing and authorized by the Carnival and Amusement Rides Safety Act (Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 4051 et seq.).

SOURCE: Emergency Rules adopted at 9 Ill. Reg. 7176, effective May 3, 1985, for a maximum of 150 days; emergency expired September 30, 1985; adopted at 10 Ill. Reg. 7685, effective April 29, 1986; emergency amendment at 10 Ill. Reg.

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19117, effective October 27, 1986, for a maximum of 150 days; amended at 11 Ill. Reg. 5896, effective March 24, 1987; amended at 11 Ill. Reg. 19650, effective November 18, 1987; amended at 12 Ill. Reg. 11186, effective June 20, 1988; emergency amendment at 13 Ill. Reg. 8025, effective May 15, 1989, for a maximum of 150 days; emergency expired October 12, 1989; amended at 13 Ill. Reg. 20309, effective January 1, 1990; emergency amendment at 14 Ill. Reg. 3235, effective February 9, 1990, for a maximum of 150 days; emergency expired July 9, 1990; amended at 15 Ill. Reg. 4109, effective February 28, 1991; emergency amendment at 16 Ill. Reg. 7716, effective May 11, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12436, effective August 1, 1992; amended at 16 Ill. Reg. 15415, effective September 28, 1992.

**Section 6000.340 Bungee Jumping**

This rule specifies the site, site approval, design, testing of equipment, management of the operation, operating procedures, emergency provisions and procedures for Bungee Jumping from any mechanical operated platforms that carry jumpers to the top of the structure.

a) In addition to the definitions in Section 6000.10, the following shall apply:

"AIR BAG" - means an inflated device which cradles the body, with an air release breather system that dissipates the energy due to fall, thereby allowing the person to land without an abrupt stop or bounce.

"ANKLE-BINDING" - means a harness used to wrap and hold together the jumper's ankles and attach the jumper to the bungee cord.

"BINDING OR CORD" - means a material used to hold the cord threads in place. May also protect the cord threads from damage.

"BUNGEE CORD" - means the elastic rope to which the jumper is attached. It lengthens and shortens and thus produces the bouncing action.

"BUNGEE JUMPING" - means that activity in which a person free falls from a height and the person's descent is limited by attachment of the person to the bungee cord.

"CARABINERS" - means shaped metal or alloy device used to connect sections of the jump rigging, equipment or safety gear.

"CATAPULTING" - means that the jumper is held on the ground while the bungee cord is stretched. On release, the jumper is propelled upwards.

"CORD" - See Bungee Cord.

"DOUBLE JUMPING" - See Tandem Jumping.

"DYNAMIC LOADING" - means the load placed on the rigging and attachments by the initial free fall of the jumper and the bouncing movements of the jumper.

"EQUIPMENT" - means the equipment, power or manually operated, used to raise, lower and hold loads.

"INCIDENT" - means an event that could or does result in harm to a person or damage or loss of process (jumping interrupted or stopped).



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"JUMP DIRECTION" - means the direction (forward or backward) in which a jumper is designed to jump from the jump point.

"JUMP HEIGHT" - means the distance from the jump platform to the bottom of the jump zone.

"JUMP MASTER" - means a person who has responsibility for the bungee jumping operation and who takes a jumper through the final stages to the actual jump.

"JUMP OPERATOR" - means a person who assists the jump master to prepare a jumper for jumping and operates the lowering system to lower the jumper to the landing pad.

"JUMP POINT" - means the position from which the jumper begins to fall or jump.

"JUMP SPACE" - means the jump zone plus a safety factor in all directions.

"JUMP ZONE" - means the space bounded by the maximum designed movements of the jumper or any part of the jumper.

"JUMPER" - means the person who falls or jumps from a height attached to a bungee cord.

"JUMPER SAFETY HARNESS" - means an assembly to be worn by a jumper and to be attached to a bungee cord. It is designed to prevent the patron becoming detached from the bungee cord.

"JUMPER WEIGHT" - means the weight of the jumper only.

"LANDING AREA" - means the surface area of air bag or water directly under the jump space.

"LANDING PAD" - means a padded area on which the jumper lands by means of the lowering appliance or equipment.

"LATERAL DIRECTION" - means movement of the jumper measured at 90 degrees to the designed jump direction.

"LAUNCHING" - See Catapulting.

"LICENSED PROFESSIONAL ENGINEER" - means an individual who holds a valid license as a licensed professional engineer by the Illinois Department of Professional Regulation or comparable authority in another state.

"LOADED LENGTH" - means the length of the bungee cord when extended to its fullest designed length.

"MOUSED" - means a binding around the point and shank of a hook to prevent it from slipping off.

"OPERATING SYSTEM" - means the system of processing a jumper through the jump methods used on a particular site. This includes registration, preparation, getting to the jump point, methods of attachment, the rigging and lowering system and the landing recovery method.

"OPERATING MANUAL" - means a document containing the procedures and forms for the operation of the bungee jumping activity and equipment on the site.

"PLATFORM" - means the area attached to a lifting appliance from which the jumper falls or jumps.

"PREPARATION AREA" - means the area where the jumper is prepared for jumping. It is a separate area on the ground.

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"RECOVERY AREA" - means an area beside the landing area where the jumper may recover from the jump before returning to the public area.

"REVERSE JUMPING" - See Catapulting.

"RIGGING SYSTEM" - means a combination of components that connects the jumper to the lifting point or hook of the appliance. The rigging system includes ropes, pulleys, carabiners, shackles and lowering equipment.

"SAFE WORKING LOAD (SWL)" - means the maximum rated load which can be safely handled under specified conditions, by a machine, equipment or component of the rigging.

"SAFETY FACTOR" - means the ratio obtained by dividing the breaking load of any piece of equipment by its working load.

"SAFETY HARNESS" - means an assembly to be worn by an operator. It is designed to be attached to a safety line and to prevent the operator from falling.

"SAFETY LINE" - means a line used to connect safety harness or belt to an anchorage point or rail.

"SAFETY SPACE" - means the space extending beyond the jump zone as a safety factor. That is, a space beyond the maximum designed movements of the jumper.

"SANDBAGGING" - is the practice of a jumper holding onto any object (including another person) while jumping off of a platform and during the initial descent, for the purpose of exerting more force on the bungee cord in order to stretch it further and then releasing the object at the bottom of the jump, causing the jumper to rebound with more force than could be created by the jumper's weight alone.

"STUNT JUMPING" - is the combining of any other activity with bungee jumping; or, bungee jumping with a disregard for clearances with the ground or other structures.

"TANDEM JUMPING" - means the practice of two people harnessed together while jumping simultaneously from the same jump platform.

"THREAD" - means a single strand of material used in a bungee cord. A bungee cord is constructed of a varying number of threads.

"UNLOADED LENGTH" - means the length of the bungee cord laid on a horizontal flat surface without load or stress applied.

**1) SITE PLAN AND EQUIPMENT DESIGN AND CONSTRUCTION:**

A) A licensed professional engineer's report that the design and construction of the structures, equipment, and operating areas meet the engineering requirements of ANSI B30.5-1989, ANSI B30.5-1991, Addenda to 1989, 29 CFR 1910.180-July 1, 1991, and 29 CFR 1926.550(g)-July 1, 1991. These standards are hereby incorporated by reference and do not include any later editions, amendments or corrections, and are considered suitable for a bungee jumping operation. The



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report shall contain site plans, safety zones, drawings and specifications of equipment, platform, rigging system and safety equipment and be submitted to the Department prior to construction.

B) An engineering evaluation shall be conducted annually and each time a major component is modified.

C) The Department shall maintain the confidentiality of the engineer's report as authorized by Section 7G of the Freedom of Information Act (Ill. Rev. Stat. 1991, ch. 116, par. 207g).

2) Jumps shall be done only under the direct control of a jump master.

3) Owners shall maintain a bottom safety space of at least 60 inches above the air bag, safety net or water surface and a side safety space of at least 40 feet in all directions to any structure.

4) Prohibited Activities include: bungee catapaulting, tandem jumping, stunt jumping, reverse jumping, launching and sandbagging.

## c) PLATFORM

1) The platform and its lifting appliance shall meet the requirements for working platforms. All components shall have a safety factor of not less than three (3). The safe working load shall be marked on the platform.

2) The jump rigging shall be attached directly to the lifting point or hook of the appliance.

3) The jump rigging shall pass through or around the platform in such a way as to prevent damage to the jump rigging.

4) The platform for jumping shall be a constant height above the ground or surface. That is, adjustments for the weight of each jumper shall be made by the jump master's selection of bungee cord in accordance with the manual and the manufacturer's specification for the cord.

5) The platform shall have a non-slip floor surface.

6) The platform shall have sufficient working space for the required number of persons.

7) There shall be a gate across the jump point until the platform reaches the jump height.

8) The platform shall have anchor points for safety harnesses or safety belts for all persons carried on the platform.

9) All persons on the platform shall wear a safety harness and safety line. The jumper shall use a safety line until ready to jump.

10) There shall be an alternative method of jumper recovery should the main lowering system fail to lower the jumper.

11) The design of the platform and support straps shall provide for maximum stability of the platform.

12) The position of the jump point in relation to the equipment or platform shall be controlled to enable the jump to be in the designed direction. This shall be at 90 degrees (+10) to the

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equipment or platform.

13) All hooks, shackles and pins shall be moused.

14) The maximum wind speed and direction for the operation of the bungee jump shall be stated in the operation manual. The decision to operate is the responsibility of the equipment operator and jump master.

15) The jump master shall check the following daily:

A) The equipment has a current certificate to operate;

B) The wire rope shall be given a visual inspection;

C) All hooks, shackles and pins are moused;

D) All outriggers are full extended;

E) There are established lines of communication between the jump platform and the equipment operator, and between the equipment operator and the ground;

F) The hand signals required for visual communication between the person directing the equipment or lifting appliance and the equipment or lifting appliance operator are known by all parties; and

G) That the equipment operator knows who is directing the equipment.

## d) BUNGEE CORD REQUIREMENT

1) The cord shall be designed and tested to perform within prescribed limits of stretch and load as stated in this Section.

2) The cord shall be made from natural or synthetic rubber or blends thereof that may be of various dimensions.

3) The materials used in the construction of the cord shall be such that the stretched length is consistent each time the same loading is applied.

4) Cord binding.

A) The binding shall hold the cord threads together in their designed positions.

B) The binding material shall have characteristics/specifications as approved by the manufacturer of the bungee cord.

C) The cord bindings shall be intact.

D) When bindings break during a day's operation, the cord shall be withdrawn from use until the bindings are replaced.

5) Shock load on the jumper. The following requirements apply:

A) The cord shall stretch in the jump to at least 2.5 times its unloaded length in its designed jumper weight range;

B) The unloaded length of the rigging system shall be less than half the designed extended length;

C) Maximum loaded length. The operating length of a bungee cord at its maximum designed dynamic load shall not exceed 4 times its unloaded length.

6) Testing of a new design of bungee cord.

A) Each manufacturer shall supply specifications for the cords being used.

B) Any change in specifications, including, but not limited to,



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changes that affect the performance of the bungee threads or cord, a change to the end attachments, a change in the material, source of supply or manufacturer, manufacturing methods, or equipment, shall constitute a new design and require review by a licensed professional engineer.

C) Bungee cord end attachment.

- i) Each end of the cord shall have an end attachment to connect the cord to the rigging and the jumper.
  - ii) The end attachment shall be of sufficient size and shape to allow easy attachment to the jumper harness and to the rigging.
  - iii) The end attachment shall have a minimum breaking load of at least 4,400 pounds.
- 7) The maximum allowable life of the cord shall not exceed the manufacturer's specification.

8) A cord and its non-metallic connectors shall be withdrawn from use when the cord reaches its stated jump life.

9) Early withdrawal of the cord and its non-metallic connectors shall be required when:

- A) The exposure to daylight exceeds 250 hours. This criteria does not apply when the cord cover or sleeve fully protects all of the cord from visible and ultra-violet exposure;
- B) The time since the cord was manufactured is greater than 6 months;
- C) There is evidence of threads exhibiting wear, such as bunched threads or uneven tension between threads or thread bands;
- D) Broken threads exceed 5% of the total number over the length of the cord;
- E) As the bungee cord stretches over the course of its jump life, the dynamic load required to extend the bungee to four times its unloaded length will reduce. When this dynamic load reduces to less than the maximum designed dynamic load, the cord shall be destroyed;
- F) It has been in contact with solvents, corrosive or abrasive substances;
- G) An incident occurs that could result, immediately or in due course, in a substantial substandard performance of the cord or its attachments;
- H) Any discolorations are found; or
- I) Any other flaws are found.

10) A cord withdrawn from use shall be destroyed. A bungee cord is considered to be destroyed when it is cut into lengths of 5 feet or less.

11) Daily testing. Before starting and during the day's operations, the jump master shall:

- A) Visually inspect the entire length and circumference of the bungee cord for signs of wear. The inspection shall be repeated at least 4 times during daily operation and

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recorded:

- B) Visually check the bungee cord if the extended dynamic or static length changes during jumping; and
- C) When unexpected changes in bungee cord performance occur, remove the bungee cord from service immediately and destroy it.

e) JUMPER SAFETY HARNESS AND ANKLE BINDINGS

- 1) Jumper safety harness shall be either a full body harness, a sit harness with shoulder straps, or ankle bindings.
- 2) Jump safety harness shall be available to fit the range of patron sizes accepted for jumping.
- 3) The ankle binding shall have been designed as an ankle harness and securely bind the jumpers ankles and secure the patron to the cord. The ankle binding shall not cause bruising and must provide evidence of redundancy.
- 4) The jumper safety harness shall be designed for the type of stress expected during operation.
- 5) The jumper safety harness shall be approved by the licensed professional engineer who conducts the annual inspection.

f) ROPES

All ropes for holding and/or lowering the jumper shall have a breaking load of at least 4,400 pounds.

g) HARDWARE

- 1) Carabiners shall be of the screw gate type with a minimum breaking load of 4,400 pounds.
- 2) Pulleys and shackles shall have a minimum breaking load of 4,400 pounds.
- 3) All pulleys shall be compatible with the rope size.
- 4) Webbing shall be of flat tubular mountaineering webbing or equivalent with a minimum breaking load of 4,400 pounds.

h) LIFE LINES AND HARNESSES

- 1) A safety harness and life line shall be used by all persons on the platform.
- 2) Life lines shall have a minimum breaking load of 4,400 pounds.
- 3) A life line shall be worn by the jumper until ready to jump.

i) TESTING AND INSPECTION

- 1) All jump rigging shall be inspected and tested daily. Harnesses, lowering/braking system and safety gear shall be inspected daily as set out in the manual. Inspections, findings and action shall be recorded.
- 2) All jump rigging, harnesses, lowering/braking systems and safety gear shall be of a load rating at least equal to the standard stated in the regulation.
- 3) Hardware subject to abnormal loadings, being impacted against hard surfaces or having surface damage, shall be replaced.
- 4) Ropes subject to abnormal shock load shall be replaced.
- 5) All ropes, webbing and bindings shall be inspected visually and by feel for signs of wear, fraying, or damage by erosive substances. Criteria for planned inspection shall be included in



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the manual.

6) Criteria for the periodic replacement of ropes, webbing, harnesses and hardware shall be included in the manual.

## j) REPLACEMENT OF RIGGING AND EQUIPMENT

1) At the beginning of each day's operation, replacements of at least the following equipment shall be available on site:

- A) Bungee cord or cords;
- B) Rigging hardware;
- C) Ankle binding for jumpers;
- D) Body safety harness for jumpers and staff;
- E) Safety lines and clips.

2) Any items of equipment, rigging or personal protective equipment found to be sub-standard shall be replaced immediately.

3) Jumping shall cease immediately when a sub-standard item cannot be replaced.

## k) IDENTIFICATION OF EQUIPMENT, RIGGING, BUNGEE CORD AND SAFETY EQUIPMENT

- 1) Each item shall have its own unique permanent identification number and/or tag.
- 2) The identification shall not harm the material of the item.
- 3) The identification shall be clearly visible to the operators during daily operations.
- 4) The identification of each item shall be recorded in the items log sheet.
- 5) The cords shall be color coded as described in the on site operations manual.

## l) LANDING/RECOVERY AREA

## 1) Over Land:

- A) The area shall be free of spectators at all times;
- B) The area shall be free of staff and equipment except for air bag or safety net when a jumper is being prepared on the jump platform and until the bungee cord is at its static extended state;
- C) The air bag or safety net shall be in position before jumper preparation commences on the platform;
- D) The air bag or safety net shall be at least 18 feet by 25 feet and rated for the maximum free fall height possible from the platform during operation;
- E) The jumper shall be lowered onto a clean, smooth, padded surface;
- F) The jumper shall be allowed to recover before moving off the landing spot;
- G) A place to sit and recover should be provided close to, but outside, the landing area.

## 2) Over Water:

- A) Where the jump space and/or landing area is over pond, lake, river or harbor waters, the following shall apply:
  - i) The jump space and/or landing area shall be free of other vessels except landing/recovery vessel, floating and submerged objects and the public, and, when in

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open waters shall be defined by the deployment of buoys. A sign of at least 1 foot by 3 feet in dimension which reads "BUNGEE JUMPING KEEP CLEAR" shall be fixed to the shore structure or land mass. When above moving water, a mesh or screen must be placed in an upstream position to keep floating debris from entering the landing area;

ii) The landing and recovery vessel shall be positioned accurately and remain in a constant position for the duration of the landing procedure;

iii) The landing vessel shall have a landing pad size of at least 5 feet by 5 feet;

iv) The landing pad shall be within and lower than the sides of the vessel;

v) A vessel shall be present that is able to be maneuvered in the range of water conditions expected and will enable staff to pick up a jumper or other person who has fallen into the water;

vi) One person may operate the landing vessel when the vessel is positioned without the use of power. A separate person shall pilot the vessel when power is required to maneuver into and/or hold the landing position;

vii) The vessel shall be equipped as required by the US Coast Guard.

B) If the landing area is part of a constructed swimming pool complex, other pool, or is specially constructed for bungee jumping, the following shall apply:

- i) The pool size shall meet the requirements for jump space shown in the engineer's report;
- ii) Rescue equipment shall be available;
- iii) The jump space and side safety space shall be fenced to exclude the public;
- iv) Only the operators of the bungee jump shall be within the jump space and landing areas.

C) The minimum water depth shall be 8 feet.

## m) FENCES

1) Fences shall be designed and constructed to retain people, animals and objects outside the landing area.

2) All areas in which the jumper may land shall be fenced.

## n) STORAGE

Adequate storage shall be provided both on site and off site to protect equipment from physical, chemical and ultra-violet ray damage. The storage shall be provided for current, replacement and emergency equipment organized for easy and orderly access. The storage shall be secure against unauthorized entry.

## o) COMMUNICATION

1) The following shall apply within the site:

- A) There shall be an electronic voice communication link



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between:

- i) The equipment operator and the platform;
- ii) The platform and the landing/recovery area or vessel;
- B) All staff shall be easily identifiable by other operators and the public;
- C) Instructions to jumpers and the public shall be put in positive terms to avoid misinterpretation and mistakes.
- 2) Emergency service:

There shall be a telephone communication link to the emergency service within 200 feet of the operation.

## p) SAFETY AND LOSS CONTROL MANAGEMENT

- 1) A jump master shall be designated Safety, Health and Loss Control Coordinator. He/she shall hold a current Red Cross first aid rating and CPR certificate or their equivalent.
- 2) Training shall be provided to all staff relative to their present or future duties as part of the operating staff. A record of training shall be kept available on site for review by the Department.
- 3) Planned inspections shall be conducted of the site, equipment and procedures by the jump master. The information gathered and the reporting and investigation of incidents shall be analyzed and reviewed by management, on a regular basis. Procedures, equipment, rigging and structures shall be designed to reduce the likelihood of any incidents occurring, or being repeated. All findings shall be forwarded to the Department.
- 4) A comprehensive emergency plan shall be developed for inclusion in the operations manual. The plan shall include the following elements: the steps necessary to rescue a jumper in case of crane failure or accident, emergency first aid to be given, contacting of and directing emergency service personnel to the site, crowd control, and notification to the Department.
- 5) The manual shall contain the site rules concerning the health and safety of employees and the public.

## q) STAFF AND DUTIES

- 1) The minimum age for the crane operator and jump master shall be 21 years and for other staff members 18 years.
- 2) The staff of a bungee jumping operation shall include the following persons:

## A) Site controller:

When more than one jump master is on the site, one of the jump masters shall also be designated controller. The site controller shall coordinate and be responsible and accountable for all operations;

## B) Jump master:

- i) Has complete control when jumping is occurring;
- ii) Is the only person who takes the jumper through the final stages to the jump take-off;
- iii) Is responsible for the training of the other staff;
- iv) Shall have a thorough knowledge of the site, its

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- equipment, procedures and staff;
- v) Selects the bungee cord and adjusts the rigging;
- vi) Shall be located on the platform;
- vii) Keeps a record of the number of times each cord has been used;

viii) Shall ensure that the number of jumps undertaken in a period of time allows the tasks of each job to be carried out to meet the requirements of each job, as set out in the manual.

## C) Jump operator's duties include:

- i) Assisting the jump master to prepare the jumper;
- ii) Attaching the jumper to ankle bindings or harness;
- iii) Potentially attaching the jumper to rigging at the direction of the jump master;
- iv) Carrying out check procedures;
- v) Operating the lowering system;
- vi) Assisting in controlling the public.

## D) Landing/recovery operator's duties include:

- i) Assisting the jumper to land on the landing pad;
- ii) Assisting the jumper to the recovery area;
- iii) Overseeing the recovering of jumpers;
- iv) Assisting in controlling the public.

## E) Registration clerk's duties include:

- i) Registration of the jumper;
- ii) Obtaining/deciding on medical clearance;
- iii) Weighing and marking of weight of the jumper. The scale shall be certified annually and checked monthly by the operator for accuracy. The certification shall be done by a person recognized under the Illinois Weights and Measures Act, Ill. Rev. Stat. 1991, ch. 147, par. 108.1, to conform with Section 2.20 of the National Institute of Standards and Technology Handbook 44, 1991 edition. These standards are hereby incorporated by reference and do not include any later amendments or corrections. This handbook is available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402-9325;
- v) Controlling movement of jumpers to preparation area;
- vi) Controlling or assisting in controlling the public;
- vi) The payment process.

F) Vessel operator's duties shall include operating the landing and/or emergency vessels.

## G) Crane Operator

- i) A person who is experienced in operating a crane used for hoisting material and/or personnel. Proof of experience shall be a statement on letterhead stationery from present employer or a journeyman's card in good standing from the International Union of Operating Engineers.



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- ii) Must be knowledgeable of the particular crane's controls and be physically capable of performing the duties.
- iii) Shall respond to move signals only from the jump master, but shall obey a stop signal given by any employee at any time.

1) MINIMUM STAFF AND TRAINING

- 1) An operating team shall consist of no fewer than 4 people.
- 2) Training shall be conducted by, or under the direct supervision of, a jump master.
- 3) Staff who are operating in training mode shall be directly supervised at all times.
- 4) A training component of the operating manual covering the critical tasks in the operation shall be available on the site. The tasks shall include maintenance and testing as well as jump procedures. The training shall require achieving mastery of the specified skills and knowledge.

2) INJURY, DAMAGE AND INCIDENT EVENTS

- 1) Serious injury (as defined in Section 10 of this Part) shall be reported to the Department within one hour, and the operation shall be closed until the Department reopens it. All incidents shall be reported within 24 hours to the Chief Inspector of the Carnival and Amusement Ride Inspection Division.
- 2) Owners/operators shall record all injuries, damage or near miss events in the daily log.

3) WORK PERIODS

The staff shall take regular breaks to ensure that fatigue does not downgrade their ability to operate an incident free operation.

4) MEDICAL AND AGE RESTRICTIONS FOR JUMPERS

- 1) Jumpers shall be questioned on their medical condition.
- 2) Jumpers who declare medical conditions that may be affected by the jump shall not be allowed to jump. Medical conditions that disqualify a jumper include, at a minimum:

- A) Pregnancy;
- B) High blood pressure;
- C) Heart conditions;
- D) Neurological disorders;
- E) Epilepsy; and
- F) Neck, back or leg injuries or disabilities.

- 3) A sign shall be erected listing the medical and age restrictions for jumpers. The sign shall be clearly visible to intending jumpers.

- 4) Any jumpers who, in the opinion of the operations staff, represent a danger to themselves or others shall not be allowed into the preparation area nor allowed to jump.

- 5) Jumpers who appear to be in an intoxicated or drugged state shall not be allowed to jump.

- 6) The minimum age for jumping shall be 18 years and proof of age shall be provided at time of jump. Proof of age shall be a valid

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driver's license or other type of photo I.D. issued by an agency of government or employer.

1) SITE OPERATING MANUAL AND DOCUMENTATION

- 1) Each site shall have an operating manual, referred to as the manual, for the safe operation of bungee jumping on that site. The manual and all amendments shall be on site and be freely available to staff and governing bodies.
- 2) The manual shall include the ways and means of meeting the appropriate requirements of this Part.
- 3) The manual shall include, but not be limited to, the following:

- A) A site plan;
- B) A description of operating systems and equipment;
- C) Job procedures, including training, for each task in the operating system;
- D) Job descriptions;
- E) Sample of staff qualifications;
- F) Staff selection procedures;
- G) Maintenance standards and procedures;
- H) Testing procedures and recording;
- I) Criteria for the periodic replacement of rigging;
- J) Criteria for the regular planned inspections of ropes, webbings and bindings;
- K) Emergency plan and procedures;
- L) Reporting of injuries, damage and incidents;
- M) Requirements for maintaining logs, including:
  - i) Site;
  - ii) Equipment and rigging;
  - iii) Personnel;
  - iv) Name of jumper;
  - v) Bungee cord used;

- N) Records to be kept;
- O) Requirements for analysis of records;
- P) Inspection procedures, standards and follow up actions; and
- Q) Examples of forms to be used.

2) Daily Pre-opening Operating Procedures shall include:

- A) Preparation. Setting up the site equipment and public amenities. There shall be a written check list;
- B) Inspection, testing and checking;
- C) Personal protective equipment including gloves, life jackets, buoyancy aids, harnesses and life lines;
- D) Items of equipment;
- E) The communication system(s);
- F) The jump equipment and rigging;
- G) The jump procedures;
- H) Carry out test jumps;
- I) Checking the bungee cord performance; and
- J) Staff briefing for the day's operations. Includes appointment of the site controller when applicable.

- 5) Jump Procedures. The procedures shall at a minimum include the



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## following:

- A) Ensuring the exclusion of the public from the operating areas;
  - B) Registration of jumpers, including:
    - i) Name, address, city, county, state, zip code and telephone number;
    - ii) Medical factors and exclusions;
    - iii) Age;
    - iv) Weight and marking; and
    - v) Payment;
  - C) Removal of loose object;
  - D) Jumper preparation, including:
    - i) Harness or binding attachment; and
    - ii) Briefing/instructions to the jumper;
  - E) Jumper preparation, including:
    - i) Prepare bungee cord and adjust connections;
    - ii) Connect the jumper and check connections to the rigging; and
    - iii) Final inspection by jump master (a check list shall be used);
  - F) Landing/recovery procedures, including:
    - i) Lowering;
    - ii) Landing; and
    - iii) Disconnecting cord connections;
  - G) Return of jumper to the public area; and
  - H) Preparing the bungee cord for the next jumper.
- Close Down Procedures. The manual shall include the following close down procedures:
- A) Equipment - cleaning, inspection, testing and checking;
  - B) Completion of records, both site and personal;
  - C) The necessary daily maintenance of equipment, structures and facilities;
  - D) The storage of equipment;
  - E) The cleaning up and disposal of rubbish;
  - F) Security check and lock up;
  - G) De-briefing of staff on:
    - i) Incidents/events occurring during the day;
    - ii) Equipment, rigging and bungee cord changes required before the next day's operations start; and
    - iii) Maintenance work not completed but required before the next day's start.

## w) EMERGENCY PROVISIONS AND PROCEDURES

- 1) Each site shall have an emergency plan.
- 2) A medium first aid kit and blankets shall be on site.
- 3) All jump masters shall be qualified in life saving techniques, first aid and cardiopulmonary resuscitation techniques through the American Red Cross or equivalent training, including "in water rescue of spinal injuries or unconscious patients".
- 4) Where the site includes moving water or swift water, the site

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- operating manual shall specify the rescue training and/or qualification required for all operators and staff on the site.
- 5) Emergency lighting shall be provided at all jump sites that operate between 1/2 hour prior to sunset and 1/2 hour after sunrise. The emergency lighting system shall illuminate the jump platform, the jump space and the landing area. The emergency lighting system shall have its own power source.
  - x) The Department's approval shall specifically not be used in any advertisement, brochures, commercials, TV or radio show, newspaper, or in any other public manner by the owner or operator.

(Source: Added at 16 Ill. Reg. 15415, effective September 28, 1992)



## ILLINOIS REGISTER

## DEPARTMENT OF CONSERVATION

## NOTICE OF ADOPTED AMENDMENTS

1) HEADING OF THE PART: Public Use of State Parks and Other Properties of the Department of Conservation

2) CODE CITATION: 17 Ill. Adm. Code 110

3) SECTION NUMBERS:

110.4 New Section  
110.30 Amendments  
110.40 Amendments  
110.90 Amendments  
110.100 Amendments  
110.150 Amendments  
110.165 New Section  
110.170 Amendments

ADOPTED ACTION:

New Section  
Amendments  
Amendments  
Amendments  
Amendments  
Amendments  
New Section  
Amendments

4) STATUTORY AUTHORITY: Implementing and authorized by Section 8 of the State Forest Act (Ill. Rev. Stat. 1991, ch. 96 1/2, par. 5911); and by Sections 1, 2, 4 and 6 of the State Parks Act (Ill. Rev. Stat. 1991, ch. 105, pars. 465, 466, 468, and 468b); and by Section 5 of the State Parks Designation Act (Ill. Rev. Stat. 1991, ch. 105, par. 468k); and by Sections 63a, 63a11, 63a15, 63a18, 63a21.1 and 63a28 of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1991, ch. 127, pars. 63a, 63a11, 63a15, 63a18, 63a21.1 and 63a28).

5) EFFECTIVE DATE OF AMENDMENTS: September 28, 1992

6) DOES THIS RULEMAKING CONTAIN AN AUTOMATIC REPEAL DATE? No

7) DO THESE AMENDMENTS CONTAIN INCORPORATIONS BY REFERENCE? No

8) DATE FILED IN AGENCY'S PRINCIPAL OFFICE: September 28, 1992

9) NOTICE OF PROPOSAL PUBLISHED IN ILLINOIS REGISTER: June 5, 1992, 16 Ill. Reg. 8289

10) HAS JCER ISSUED A STATEMENT OF OBJECTIONS TO THESE RULES: No

11) DIFFERENCES BETWEEN PROPOSAL AND FINAL VERSION:

In the Table of Contents, Section 110.120, the title of the Section was changed to agree with the text currently on file: "Restricted Areas".

Several changes were made to the Authority Note (see above).

The Main Source Note was updated to include the emergency

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## DEPARTMENT OF CONSERVATION

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amendment at 16 Ill. Reg. 7934, effective May 11, 1992.

In Section 110.4, "as follows" and "Sec. 5" were removed; in subsections (a) and (b) "will" was changed to "shall"; and in subsection (c) "should be" was changed to "are to be".

The following cite was added at the end of Section 110.4(d): (Ill. Rev. Stat. 1991, ch. 105, par. 468b).

In Section 110.100(b), "Section 110.100(a)" was changed to "subsection (a)".

In subsections 110.150(a) and (b) the "or" was deleted and a semi-colon was added at the end of each subsection; and in subsection (c) a semi-colon and "or" were added at the end of the subsection.

12) HAVE ALL THE CHANGES AGREED UPON BY THE AGENCY AND JCER BEEN MADE AS INDICATED IN THE AGREEMENT LETTER ISSUED BY JCER? Yes

13) WILL THESE AMENDMENTS REPLACE AN EMERGENCY RULE (AMENDMENT, REPEALER) CURRENTLY IN EFFECT? Yes

Section Numbers Proposed Action Illinois Register Citation  
110.4 New Section 16 Ill. Reg. 7934, 5/22/92

14) ARE THERE ANY AMENDMENTS PENDING ON THIS PART? No

15) SUMMARY AND PURPOSE OF AMENDMENTS: These amendments establish fees for designated beach and special event areas; establish uniform definition of an adult; add a Section on bicycle use and clarify existing language.

16) INFORMATION AND QUESTIONS REGARDING THESE ADOPTED AMENDMENTS SHALL BE DIRECTED TO:

Don Woods  
Department of Conservation  
524 S. Second Street, Room 485  
Springfield, IL 62701-1787

THE FULL TEXT OF THE ADOPTED AMENDMENTS BEGINS ON THE NEXT PAGE:



## DEPARTMENT OF CONSERVATION

## NOTICE OF ADOPTED AMENDMENT(S)

TITLE 17: CONSERVATION  
CHAPTER 1: DEPARTMENT OF CONSERVATION  
SUBCHAPTER a: LANDS AND HISTORIC SITES

## PART 110

PUBLIC USE OF STATE PARKS AND OTHER PROPERTIES OF THE  
DEPARTMENT OF CONSERVATION

Section	
110.4	Fees and Charges
110.5	Unlawful Activities
110.20	Alcoholic Beverages -- Possession, Consumption, Influence
110.30	Animals -- Pets, Dogs, Cats -- Noisy, Vicious, Dangerous Animals -- Horses -- Livestock -- Animal Waste
110.40	Boats and Other Watercraft
110.45	Abandoned Watercraft
110.50	Capacity of Areas -- Usage Limitation
110.60	Camping -- Campfires
110.70	Destruction of Property -- Flora -- Fauna -- Man-Made and Inanimate
110.90	Natural Objects -- Collection of Artifacts
110.100	Group Activity
110.100	Littering
110.110	Prohibited Fishing Areas -- Cleaning of Fish
110.120	Restricted Areas
110.140	Soliciting/Advertising/Renting/Selling
110.150	Swimming/Wading/Divng
110.160	Vehicles -- Operation on Roadway -- Speed -- Parking -- Weight Limit
110.165	Bicycles -- Operation on Roadway -- Designated Trails
110.170	Weapons and Firearms -- Display and Use
110.175	Nudity Prohibited
110.180	Violation of Rule

AUTHORITY: Implementing and authorized by Section 8 of the State Forest Act (Ill. Rev. Stat. 1991, ch. 96 1/2, par. 5911); and by Sections 1, 2, 4, and 6 of the State Parks Act (Ill. Rev. Stat. 1991, ch. 105, pars. 465, 466, 468, and 468b); and by Section 5 of the State Parks Designation Act (Ill. Rev. Stat. 1991, ch. 105, par. 468k); and by Sections 63a, 63a11, 63a15, 63a18, 63a21.1 and 63a28 of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1991, ch. 127, pars. 63a, 63a11, 63a15, 63a18, 63a21.1 and 63a28).

SOURCE: Adopted at 4 Ill. Reg. 11, p. 59, effective March 4, 1980; emergency amendment at 5 Ill. Reg. 8933, effective August 25, 1981, for a maximum of 150 days; codified at 5 Ill. Reg. 10621, amended at 6 Ill. Reg. 7401, effective June 11, 1982; amended at 8 Ill. Reg. 9967, effective June 19, 1984; amended at 10 Ill. Reg. 9797, effective May 21, 1986; amended at 10 Ill. Reg. 13256, effective July 25, 1986; amended at 13 Ill. Reg. 3785, effective March 13, 1989; amended at 15 Ill. Reg. 14423, effective October 1, 1991; emergency amendment at 16 Ill. Reg. 7934, effective May 11, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15435, effective

## DEPARTMENT OF CONSERVATION

## NOTICE OF ADOPTED AMENDMENT(S)

September 28, 1992

## Section 110.4 Fees and Charges

The following fees will be charged for use or reservation of designated facilities effective May 11, 1992, except that Illinois residents who are veterans and disabled or a former prisoner of war (according to Ill. Rev. Stat. 1991, ch. 127 1/2, par. 70) shall be exempt from subsections (a) and (b) of this Section:

- All persons entering a designated swim beach area shall pay a \$1.00 fee. Illinois Beach State Park beaches are not designated swim beach fee areas.
- All persons entering a designated special event area shall pay a \$1.00 fee.
- All individuals reserving a picnic shelter at sites participating in the Shelter Reservation Program shall pay \$20.00 for the reservation. Checks are to be made payable to the Illinois Department of Conservation (site name) and shall be submitted to the site office no less than 10 days prior to the requested reservation date.
- Failure to comply with the provisions of this Part is punishable as a Class B misdemeanor (Ill. Rev. Stat. 1991, ch. 105, par. 468b).

(Source: Added at 16 Ill. Reg. 15435, effective September 28, 1992.)

## Section 110.30 Animals -- Pets, Dogs, Cats -- Noisy, Vicious, Dangerous Animals -- Horses -- Livestock -- Animal Waste

- For any person to allow an unleashed dog, cat or other domesticated animal on any area and further for any person to allow any dog, cat or other domesticated animal in any area, on a leash longer than 10 feet, except that:

- unleashed hunting dogs are allowed during the hunting season for waterfowl and upland game including squirrel and dove all wildlife species except deer and wild turkey on any Department areas open to hunting and so posted;
  - at field trials unleashed dogs are allowed at sites designated by the Department in accordance with 17 Ill. Adm. Code 910;
  - unleashed hunting dogs are allowed by individual permit for dog training at sites designated by the Department in accordance with 17 Ill. Adm. Code 950.
- For any leashed animal to be left unattended and not under the specific physical control of the owner or person designated by the owner. The owner or person designated by the owner for dogs or other animals must have proof that their animal has a current rabies inoculation certificate or a valid license.
  - For any person to keep a noisy, or vicious, or dangerous dog or animal, or one which is disturbing to other persons, on Department of Conservation controlled properties, and to remain therein after being



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- asked by the Site Superintendent or assigned employee to leave.
- d) For any person to ride or lead any horse in any area, other than designated bridle paths or equestrian areas, except that horses are permitted in any designated area at field trials, special events, and horse drawn conveyances authorized by permit by the Department of Conservation. The decision to grant or deny a permit will be based upon the impact upon the site and the public. Horse patrols of the Department in the performance of their duties are not excluded from any area under the control of the Department.
- e) For any person to allow livestock to roam or graze on any Department-controlled lands except when authorized by proper lease, license or written agreement approved by the Illinois Department of Conservation in accordance with 17 Ill. Adm. Code 150.
- f) For any person responsible for an animal in a campground or day use area not to dispose of his animal's waste excrement directly into a Department garbage container with tight fitting lid or have the excrement put into a closed water tight bag or water tight container with the lid closed and placed into a Department trash container.
- g) For any person to allow a dog, cat, or other domesticated animal on any area designated as "NO PETS". Such designation will be reserved for beach areas, concession areas, and certain areas within campgrounds and picnic areas where there are concentrations of large numbers of people or the presence of food or children.

(Source: Amended at 16 Ill. Reg. 15435, effective September 28, 1992)

**Section 110.40 Boats and Other Watercraft**

- a) For any person to operate any sailboat, rowboat, houseboat, pontoon boat, or boat propelled by machinery or other watercraft in any pond, lake, river, canal, or other body of water where posting clearly indicates that certain specific boating usage is prohibited. However, Department of Conservation employees operating watercraft in carrying out official duties and personnel of cooperating agents or agencies operating watercraft as authorized by the Department of Conservation are exempt from boating regulations in this Section 110.40 or in specific site rules as determined by Department of Conservation supervisory managers in order to provide management actions for enhancing or saving the resource base or the safety and welfare of the using public.
- b) For any person to use a motor driven boat on any body of water under the jurisdiction of the Department that has less than 60 surface acres. However, this does not exclude the use of motor driven boats to gain access to duck blinds during blind building activities and during the waterfowl hunting season or electric trolling motors on these bodies of water.
- c) For any person to use a motor driven boat with a motor of a size larger than 10 H.P. on any body of water under the jurisdiction of the

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Department that has 60 or more surface acres of water area except departmentally supervised waters of over 500 acres and portions of canals having specific regulations posted on boat motor size and boat use allowed.

- d) For any person to allow his boat or other watercraft to remain on any of the public recreational and fishing areas under the jurisdiction of the Department beyond the date of December 1st of each year.

(Source: Amended at 16 Ill. Reg. 15435, effective September 28, 1992)

**Section 110.90 Group Activity**

For groups of more than 25 persons to use Department of Conservation facilities unless written permission is obtained in advance from the Site's Superintendent. Further, for groups of Persons under the age of 18, it is required that at least one adult (age 18 years or older) accompany no more than 15 of these minor individuals.

(Source: Amended at 16 Ill. Reg. 15435, effective September 28, 1992)

**Section 110.100 Littering**

- a) For any person using Department of Conservation facilities to discard, abandon, place, or deposit on Department of Conservation properties, except in containers provided, any wire, cans, bottles, glass, paper trash, rubbish, garbage, cardboard, wood boxes or other insoluble animal, vegetable, metal, or mineral materials.
- b) For any person to bring into Department of Conservation property any of the items listed in subsection Section 110.100(a) above, with the express purpose of disposing, abandoning, or leaving any of these types of materials on Department property, whether they are left or placed in proper containers or not.
- c) For food to be possessed or consumed on swimming beaches or the discarding of cans, bottles, glass, paper, trash, or insoluble materials on the designated beach area.

(Source: Amended at 16 Ill. Reg. 15435, effective September 28, 1992)

**Section 110.150 Swimming/Wading/Divng**

For any person to swim, wade or bodily enter into the water at any location. The exceptions to this rule include only the following:

- a) areas designated by posting as allowing swimming. Where lifeguards are not posted, no person under 17 years of age may swim or be on the beach without supervision of a parent, guardian, or responsible adult (18 years of age or older) present; or



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- b) areas where a Department employed lifeguard is on duty; or  
c) areas posted for other uses such as waterfowl hunters, water skiers, wading anglers, or scuba divers; or  
d) areas authorized for Scuba diving. Scuba divers must have in their possession valid permits issued by the Department. Permits are issued to keep track of name and location of divers, to ensure that divers are certified by a recognized entity and to minimize conflicts.

(Source: Amended at 16 Ill. Reg. 15435, effective September 28, 1992)

Section 110.165 Bicycles - Operation on Roadway - Designated Trails

For any person to ride a bicycle except on a roadway designated for vehicular use, parking lot, or posted bicycle trail. An authorized employee of the Department may close the trail for safety reasons or to prevent damage to the trail.

(Source: Added at 16 Ill. Reg. 15435, effective September 28, 1992)

Section 110.170 Weapons and Firearms -- Display and Use

For any person, other than authorized peace officers, to display or use on Department-controlled lands, except as authorized by the Department on hunting (reference 17 Ill. Adm. Code 510, 530, 550, 570, 590, 650, 660, 670, 680, 690, 710, 715, 720, 730, and 740), field trials (reference 17 Ill. Adm. Code 910), target or special event areas, any gun including shotgun, rifle, pistol, revolver, air or BB gun, sling shot, bow and arrow, switchblade knife with spring loaded blade, throwing knife, tomahawk or throwing axe, or martial arts devices.

(Source: Amended at 16 Ill. Reg. 15435, effective September 28, 1992)

## DEPARTMENT OF CONSERVATION

## NOTICE OF ADOPTED AMENDMENTS

- 1) HEADING OF THE PART: The Taking of Wild Turkeys - Fall Archery Season
- 2) CODE CITATION: 17 Ill. Adm. Code 720
- 3) SECTION NUMBERS: ADOPTED ACTION:  
720.30 Amendments
- 4) STATUTORY AUTHORITY: Implementing and authorized by Sections 1.3, 1.4, 2.9, 2.10 and 2.11 of the Wildlife Code (Ill. Rev. Stat. 1991, ch. 61, pars. 1.3, 1.4, 2.9, 2.10 and 2.11).
- 5) EFFECTIVE DATE OF AMENDMENTS: September 28, 1992
- 6) DOES THIS RULEMAKING CONTAIN AN AUTOMATIC REPEAL DATE? No
- 7) DO THESE AMENDMENTS CONTAIN INCORPORATIONS BY REFERENCE? No
- 8) DATE FILED IN AGENCY'S PRINCIPAL OFFICE: September 28, 1992
- 9) NOTICE OF PROPOSAL PUBLISHED IN ILLINOIS REGISTER: June 12, 1992, 16 Ill. Reg. 8681
- 10) HAS JCAR ISSUED A STATEMENT OF OBJECTIONS TO THESE RULES: No
- 11) DIFFERENCES BETWEEN PROPOSAL AND FINAL VERSION:  
All references to "Ill. Rev. Stat." were updated to 1991.  
In the last entry of the Authority Note, "Amended" was changed to read "amended."
- 12) HAVE ALL THE CHANGES AGREED UPON BY THE AGENCY AND JCAR BEEN MADE AS INDICATED IN THE AGREEMENT LETTER ISSUED BY JCAR? Yes
- 13) WILL THESE AMENDMENTS REPLACE AN EMERGENCY RULE (AMENDMENT, REPEALER) CURRENTLY IN EFFECT? No
- 14) ARE THERE ANY AMENDMENTS PENDING ON THIS PART? No
- 15) SUMMARY AND PURPOSE OF AMENDMENTS: Section 720.30(d) was amended to provide uniformity with the fall archery deer season.
- 16) INFORMATION AND QUESTIONS REGARDING THESE ADOPTED AMENDMENTS SHALL BE DIRECTED TO:



DEPARTMENT OF CONSERVATION

DEPARTMENT OF CONSERVATION

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NOTICE OF ADOPTED AMENDMENTS

TITLE 17: CONSERVATION  
CHAPTER 1: DEPARTMENT OF CONSERVATION  
SUBCHAPTER b: FISH AND WILDLIFE

Don Woods  
Department of Conservation  
524 S. Second Street, Room 485  
Springfield, IL 62701-1787

PART 720  
THE TAKING OF WILD TURKEYS - FALL ARCHERY SEASON

THE FULL TEXT OF THE ADOPTED AMENDMENTS BEGINS ON THE NEXT PAGE:

Section

- 720.10 Hunting Seasons and Counties Open to Hunting
- 720.20 Turkey Permit Requirements
- 720.30 Turkey Hunting Regulations
- 720.40 Regulations at Various Department-Owned or -Managed Sites
- 720.50 Releasing or Stocking of Turkeys (Repealed)

AUTHORITY: Implementing and authorized by Sections 1.3, 1.4, 2.9, 2.10, and 2.11 of the Wildlife Code (Ill. Rev. Stat. 1991, ch. 61, pars. 1.3, 1.4, 2.9, 2.10, and 2.11).

SOURCE: Adopted and codified at 8 Ill. Reg. 7825, effective May 22, 1984; emergency amendments at 8 Ill. Reg. 20086, effective October 12, 1985, for a maximum of 150 days; emergency expired March 2, 1985; amended at 9 Ill. Reg. 14311, effective September 5, 1985; amended at 11 Ill. Reg. 9556, effective May 5, 1987; amended at 12 Ill. Reg. 12254, effective July 15, 1988; amended at 13 Ill. Reg. 12831, effective July 21, 1989; amended at 14 Ill. Reg. 12413, effective July 20, 1990; amended at 15 Ill. Reg. 11611, effective August 2, 1991; amended at 16 Ill. Reg. 11093, effective June 30, 1992; amended at 16 Ill. Reg. 15442, effective September 28, 1992.

Section 720.30 Turkey Hunting Regulations

It is unlawful:

- a) to use live turkey decoys, recorded calls, dogs or bait;
- b) to take, or attempt to take, more than 1 wild turkey during the fall archery season (either sex may be harvested);
- c) to use any weapon except a long, recurved or compound bow with a minimum pull of 40 pounds at some point within a 28 inch drawn; a hunting arrow with a barbed broadhead is the only legal arrow. All other bows and arrows, including electronic arrow tracking systems, are illegal. Any mechanical device capable of maintaining a drawn or partially drawn position on a bow is illegal;
- d) ~~to--hunt--except--from--1/2--hour--before--sunrise--to--sunset--during--each--day--of--the--season,~~
- e) ~~d)~~ for any person having taken a wild turkey to further participate with a weapon in any hunting party for the purpose of taking additional turkeys;
- f) ~~e)~~ for any person to hunt wild turkeys without having a signed Archery Wild Turkey Hunting Permit in possession;
- g) ~~f)~~ to transport or move a wild turkey without first affixing and properly sealing the adhesive-backed turkey permit securely around the



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leg. Leg tag must be affixed to the turkey immediately upon kill. No person shall leave any turkey that has been killed without properly attaching the turkey permit around the leg;

- h)g) to fail to send the mail-in portion of the turkey permit and feathers as indicated on the mail-in envelope to the Department in the envelope supplied within 48 hours of taking a turkey with bow and arrow. Failure to follow this rule constitutes illegal possession of a wild turkey and is punishable by a fine plus turkey hunting privileges being suspended for the following year; and
- i)h) to possess, while in the field during archery turkey season, any turkey permit issued to another person.

(Source: Amended at 16 Ill. Reg. 15442, effective September 28, 1992 )

## DEPARTMENT OF CONSERVATION

## NOTICE OF ADOPTED AMENDMENTS

- 1) HEADING OF THE PART: White-Tailed Deer Hunting Season by Use of Handguns
- 2) CODE CITATION: 17 Ill. Adm. Code 680
- 3) SECTION NUMBERS:
- |        |             |
|--------|-------------|
| 680.10 | Amendments  |
| 680.20 | Amendments  |
| 680.60 | Amendments  |
| 680.70 | Amendments  |
| 680.80 | New Section |
- ADOPTED ACTION:
- 4) STATUTORY AUTHORITY: Implementing and authorized by Sections 1.3, 1.4, 1.13, 2.24, 2.25, 2.26 and 3.36 of the Wildlife Code (Ill. Rev. Stat. 1991, ch. 61, pars. 1.3, 1.4, 1.13, 2.24, 2.25, 2.26 and 3.36).
- 5) EFFECTIVE DATE OF AMENDMENTS: September 28, 1992
- 6) DOES THIS RULEMAKING CONTAIN AN AUTOMATIC REPEAL DATE? No
- 7) DO THESE AMENDMENTS CONTAIN INCORPORATIONS BY REFERENCE? No
- 8) DATE FILED IN AGENCY'S PRINCIPAL OFFICE: September 28, 1992
- 9) NOTICE OF PROPOSAL PUBLISHED IN ILLINOIS REGISTER: June 26, 1992, 16 Ill. Reg. 10138
- 10) HAS JCAR ISSUED A STATEMENT OF OBJECTIONS TO THESE RULES: No
- 11) DIFFERENCES BETWEEN PROPOSAL AND FINAL VERSION:
- In Section 680.20, a new subsection (h) was added and the subsequent subsections relabeled:

- h) The Handgun Deer Hunting Permit shall include the hunter's signature, date of birth, Firearm Owner's Identification number, hunting license number and physical description recorded on the permit and carried on the person while hunting.

In Section 680.60(a), "48 hours of taking" was changed to read "48 hours after taking".

In Section 680.70(a), "paragraphs" was replaced with



## ILLINOIS REGISTER

DEPARTMENT OF CONSERVATION  
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"subsections" and "or not" was deleted.

- 12) HAVE ALL THE CHANGES AGREED UPON BY THE AGENCY AND JCAR BEEN MADE AS INDICATED IN THE AGREEMENT LETTER ISSUED BY JCAR? Yes
- 13) WILL THESE AMENDMENTS REPLACE AN EMERGENCY RULE (AMENDMENT, REPEALER) CURRENTLY IN EFFECT? No
- 14) ARE THERE ANY AMENDMENTS PENDING ON THIS PART? No
- 15) SUMMARY AND PURPOSE OF AMENDMENTS: Amendments to this Part include clarification of legal check station that can be used to check in a handgun harvested deer; clarification of tagging process that must be followed by successful handgun hunters and the addition of a new Section on Regulations at Department-Owned or -Managed Sites.
- 16) INFORMATION AND QUESTIONS REGARDING THESE ADOPTED AMENDMENTS SHALL BE DIRECTED TO:

Don Woods  
Department of Conservation  
524 S. Second Street, Room 485  
Springfield, IL 62701-1787

THE FULL TEXT OF THE ADOPTED AMENDMENTS BEGINS ON THE NEXT PAGE:

## DEPARTMENT OF CONSERVATION

## NOTICE OF ADOPTED AMENDMENT(S)

## TITLE 17: CONSERVATION

## CHAPTER I: DEPARTMENT OF CONSERVATION

## SUBCHAPTER b: FISH AND WILDLIFE

## PART 680

## WHITE-TAILED DEER HUNTING SEASON BY USE OF HANDGUNS

## Section

680.10	Statewide Season
680.20	Statewide Deer Permit Requirements
680.30	Deer Permit Requirements - Group Hunt
680.40	Statewide Handgun Requirements for Deer Hunting
680.50	Statewide Deer Hunting Rules
680.60	Reporting Harvest
680.70	Rejection of Application/Revocation of Permits
680.80	Regulations at Various Department-Owned or -Managed Sites

AUTHORITY: Implementing and authorized by Sections 1.3, 1.4, 1.13, 2.24, 2.25, 2.26 and 3.36 of the Wildlife Code (Ill. Rev. Stat. 1991, ch. 61, pars. 1.3, 1.4, 1.13, 2.24, 2.25, 2.26 and 3.36).

SOURCE: Adopted at 15 Ill. Reg. 13353, effective September 3, 1991; amended at 16 Ill. Reg. 15446, effective September 28, 1992.

## Section 680.10 Statewide Season

- a) Season: One-half hour before sunrise on Friday of the third 3-day weekend (Friday, Saturday, Sunday) in January to sunset on Sunday of this 3-day weekend in January. Shooting hours are one-half hour before sunrise to sunset.
- b) For the purpose of removing surplus deer, the Department of Conservation (Department) shall open select counties to handgun deer hunting. The Department shall notify the public of the counties that are projected to have surplus deer populations via a news release. These counties also will be listed in the instructions contained with the 1992 1993 Handgun Deer Permit Application.

(Source: Amended at 16 Ill. Reg. 15446, effective September 28, 1992.)

## Section 680.20 Statewide Deer Permit Requirements

- a) Illinois resident hunters must have a current, valid "Handgun Deer Permit" (\$15.00) and must be 18 years of age or older by the opening date of the handgun deer season applied for. A permit is issued for one county and is valid only in the county stated on the permit. For permit applications and other information write to:
- Department of Conservation  
(Handgun Deer Season)



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Deer Permit Office  
524 South Second Street, Room 210  
Post Office Box 19227  
Springfield, IL 62794-9227

- b) Applications shall be accepted from November 1 through November 8, 9 for the 1992 1993 Handgun Deer Season in January. Applications post-marked after November 8, 9 shall not be included in the drawing. Permits shall be allocated in a random drawing. ~~Applicants shall apply for only one county.~~ Permits not correctly filled out shall be rejected from the random drawing. Permits shall be issued as antlerless-only.
- c) In-person and mail-in applications shall receive equal treatment in the drawings.
- d) Applicants must complete all portions of the Handgun Deer Permit Application form. No more than 6 single applications per envelope shall be accepted. Each applicant must submit a separate personal check or money order. Separate envelopes must be used to send permit applications to the Deer Permit Office for regular firearm, muzzleloading rifle, handgun, archery, and free or paid landowner/tenant permits.
- e) Each applicant must apply using the official agency Handgun Deer Permit Application.
- f) For the applicant to be eligible to receive a Handgun Deer Permit (\$15.00), he must be an Illinois resident, at least 18 years of age by the opening date of the handgun deer season, ~~hold a valid firearm owner's identification card~~ and not have had his deer hunting privileges suspended or revoked in this State pursuant to Section 3.36 of the Wildlife Code (Ill. Rev. Stat. 1989 1991, ch. 61, par. 3.36).
- g) Applications shall be accepted at the counter window of the permit office; however, permits shall be mailed.
- h) The Handgun Deer Hunting Permit shall include the hunter's signature, date of birth, Firearm Owner's Identification number, hunting license number and physical description recorded on the permit and carried on the person while hunting.
- hi) Permits are not transferable. Refunds shall not be granted unless the Department has erroneously issued the permit after the quota has been depleted or where the applicant was unsuccessful in obtaining a permit.
- hj) A three dollar (\$3.00) service fee shall be charged for replacement permits issued by the Department, except when permits are lost in the mail, then there shall be no charge. Monies derived from this source shall be deposited in the Wildlife and Fish Fund.
- hk) Each applicant must enclose a separate \$15.00 (check or money order) payable to the Department of Conservation, or the application shall be returned. Applicants should not send cash with their applications. The Department shall not be responsible for cash sent through the mail.

(Source: Amended at 16 Ill. Reg. 15446, effective

## DEPARTMENT OF CONSERVATION

## NOTICE OF ADOPTED AMENDMENT(S)

September 28, 1992 )

## Section 680.60 Reporting Harvest

- a) ~~Within 48 hours of taking a deer by handgun the hunter must check the deer in at a county handgun deer check station.~~ Deer shall be checked in by the hunter in person within 48 hours after taking a deer by handgun at the county handgun deer check station in the county for which the permit was issued or in an adjoining county.
- b) Failure to follow this Section constitutes illegal possession of deer.

(Source: Amended at 16 Ill. Reg. 15446, effective September 28, 1992 )

## Section 680.70 Rejection of Application/Revocation of Permits

- a) ~~Any of the following shall result in rejection of an application:~~ In the event that an applicant is in violation of one of the following subsections, the application shall be held in suspension, and the application fees shall be deposited, pending a determination by the permit office of whether the violation was knowing. If the permit office determines the violation was knowing, the application shall be rejected and the fee shall be retained by Conservation. The applicant may request a hearing on this decision pursuant to 17 Ill. Adm. Code 2530. Should the permit office determine that the violation was without the knowledge of the applicant, improper applications will be rejected and the fee retained by Conservation and proper applications shall be processed.

- 1) Submitting more than one application applications in the same name or by the same person for a Handgun Deer Permit than the number of legally authorized permits. ~~this shall also result in the forfeiture of application fees submitted.~~
- 2) Providing false and/or deceptive information on the deer permit application form.
- 3) Submitting an application when the applicant has a license or permit currently revoked pursuant to Section 3.36 of the Wildlife Code (Ill. Rev. Stat. 1991, ch. 61, par. 3.36).
- 4) Submitting an incomplete or incorrect application.
- b) Any violation of Section 1.1, et seq., of the Wildlife Code or administrative rules of the Department, in addition to other penalties, may result in revocation of hunting licenses and permits as per 17 Ill. Adm. Code 2530.

(Source: Amended at 16 Ill. Reg. 15446, effective September 28, 1992 )

## Section 680.80 Regulations at Various Department-Owned or -Managed Sites

The sites listed in this Section will be opened to handgun deer hunting only if



## NOTICE OF ADOPTED AMENDMENT(S)

the county in which they are located is open to handgun deer hunting.

a) Statewide regulations shall apply except that hunting will be allocated by permit only. Permits will be allocated by a drawing held at 6:00 a.m. at the site check station.

Tapley Woods

b) Statewide regulations shall apply. Hunters must check in and check out and report harvest. Regulations concerning the use of tree stands as defined in 17 Ill. Adm. Code 650.60(b)(1) and (2) apply during the handgun deer season at this site.

Cache River State Natural Area

Crawford County Conservation Area

Pyramid State Park

c) Statewide Regulations shall apply at the following sites:

Turkey Bluffs Fish and Wildlife Area

Mississippi River Pools 21, 22, 24, 25, 26 (only that portion of the river pool in the county for which the permit is issued is open)

d) Statewide Regulations shall apply. Hunters must check in and check out and report harvest. Only Zone B is open to hunting.

Pike County Conservation Area

(Source: Added at 16 Ill. Reg. 15446, effective September 28, 1992)

## DEPARTMENT OF INSURANCE

## NOTICE OF ADOPTED AMENDMENTS

1) Heading of Part: Minimum Standards for Individual and Group Medicare Supplement Insurance

2) Code Citation: 50 Ill. Adm. Code 2008

3) Section Number:

2008.70	<u>Adopted Action:</u>
2008.71	Amended
2008.72	Amended
2008.73	Amended
2008.80	Amended
2008.81	Amended
2008.90	Amended
2008.102	Amended
2008.103	Amended
Appendix C	Amended
Appendix D	Amended
Appendix E	Amended
Appendix F	Amended
Appendix G	Amended
Appendix H	Amended
Appendix I	Amended
Appendix J	Amended
Appendix K	Amended
Appendix L	Amended
Appendix M	Amended

4) Statutory Authority: Implementing Sections 363 and 363a and authorized by Section 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, pars. 975, 975a and 1013).

5) Effective Date of Amendment: September 29, 1992

6) Does this rulemaking contain an automatic repeal date? No

7) Does this amendment contain incorporations by reference?  
No

8) Date filed in Agency's Principal Office: September 29, 1992.

9) Notice of Proposal Published in Illinois Register:

June 12, 1992, 16 Ill. Reg. 8768

10) Has JCAR issued a Statement of Objections to this rule? No



## DEPARTMENT OF INSURANCE

## NOTICE OF ADOPTED AMENDMENTS

11) Difference(s) between proposal and final version:

- a) AUTHORITY NOTE - The citation has been updated to 1991 which includes P.A. 87-0601.
- b) Section 2008.70 - On the second to the last line of the introductory paragraph, the word "not" and the prefix on the word "inconsistent" have been deleted.
- c) Section 2007.70(a)(1) - On line five, the word "as" has been inserted following "than".
- d) Section 2008.70(b)(6) - The period at the end of this subsection has been replaced by a semicolon.
- e) Section 2008.71(a)(5) (A), (B), (D)(ii) and (E) -
  - (A) The "and" following the semicolon has been deleted.
  - (B) The period has been replaced by a semicolon.
  - (D)(ii) The period has been replaced by a semicolon and the word "and" follows.
  - (E) On line four, the word "group" has been deleted following the word "old".
- f) Section 2008.71(c)(4) - On line five, the "s" in the word "state" has been capitalized.
- g) Section 2008.72(c) - On line two the word "Section" has been changed to "subsection". Also, on line six the words "of this Part" have been added following "Appendix B".
- h) Section 2008.72(e)(2) through (9) - On the last line of each subsection the words "of this Part" have been added.
- i) Section 2008.73(e)(6) - On line two the word "hereunder" has been replaced with "below".
- j) Section 2008.73(o) - On line two, the "s" in the word "state" has been capitalized.
- k) Section 2008.80(a) - This subsection and subparagraphs thereunder have been reformatted as follows:

## DEPARTMENT OF INSURANCE

## NOTICE OF ADOPTED AMENDMENTS

- a) Pursuant to Section 4355 of the Omnibus Budget Reconciliation Act (OBRA) of 1990 (P.L. 101-508) and Section 363a of P.A. 87-0601, the requirements of this subsection are effective November 5, 1991.
  - 1) A Medicare supplement policy form or certificate form shall not be delivered or issued for delivery unless the policy form or certificate form can be expected, as estimated for the entire period for which rates are computed to provide coverage, to return to policyholders and certificateholders in the form of aggregate benefits (not including anticipated refunds or credits) provided under the policy form or certificate form, on the basis of incurred claims experience or incurred health care expenses, as appropriate, and earned premiums for such period and in accordance with accepted actuarial principles and practices:
    - A) At least 75% of the aggregate amount of premiums earned in the case of group policies; or
    - B) At least 65% of the aggregate amount of premiums earned in the case of individual policies.
  - 2) All filings of rates and rating schedules shall demonstrate that expected claims in relation to premiums comply with the requirements of this Section when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards.
  - 3) For purposes of applying subsection (a) of this Section and subsection 2008.81(c)(2) of this Part, policies issued as a result of solicitations of individuals through the mails or by mass media advertising (including both print and broadcast advertising) shall be deemed to be individual policies.



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- 1) Section 2008.80(b) - On line two, the words "of this Part" have been added following the words "Appendix N".
- m) Section 2008.81(c) - On the first line, the word "below" has been added following the words "subsection (c)(a)".
- n) Section 2008.82(d)(4) - On line two, the word "subsection" has been made plural, and on line three the word "above" has been added following "(1) and (2)".
- o) Section 2008.81(e) - On line four, the words "of this Part" have been added following "2008.80".
- p) Section 2008.90(b)(2) - On the first line, the word "subsection" has been added following "by".
- q) Section 2008.90(c)(1) - On the last line, the words "of this Part" have been added following "Appendix O".
- r) Section 2008.90(d)(1) - On the last line, the semicolon and the word "and" have been deleted and a period has been added.
- s) Section 2008.90(d)(2) - The quotation marks around the indented paragraph have been deleted.
- t) Section 2008.90(d)(3) - On the first line, the word "Section" has been changed to "subsection" and "2008.90" has been deleted. Also, on line two the word "Part" has been replaced by "Section". Finally, the quotation marks that surround the indented paragraph have been deleted.
- u) Section 2008.90(d)(4) - On line five, the words "of this Part" have been added following "Appendix B". Also, on line six the word "in" has been added following "Appendix B".
- v) Section 2008.90(d)(5) - On line three, the words "of this Part" have been added following "Appendix B".
- w) Section 2008.90(e) - The quotation marks which surround the indented paragraph have been deleted.
- x) Section 2008.90(f) - On line two, the word "Section" has been changed to "subsection" and 2008.90 has been

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deleted. Also, the quotation marks which surround the indented paragraph have been deleted.

- y) Section 2008.90(g)(2) - On the first line, "Section 2002.40 of" has been deleted. On line two, ".40" has been added following "2002". On line four, "Section" has been replaced by "subsection" and "2008.90" has been deleted. Also, on line four "Part" has been replaced by "Section". Finally, the quotation marks that surround the indented paragraph have been deleted.
- z) Section 2008.103 - On line two, the words "of this Part" have been added following "Appendix P".
- aa) Appendix C through L - On the second page of each Appendix, under the "Medicare Pays" column, the word "generally" has been added ahead of "80%".

12) Have all changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this amendment replace an emergency rule currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of rulemaking: The Department initiated these amendments to correct technical and typographical errors. The Department has also undertaken a couple of substantive changes in order to comply with requirements established by the Federal Health Care Finance Administration from whom national certification is obtained.

16) Information and questions regarding this adopted amendment shall be directed to:

Charles Budinger  
Department of Insurance  
320 West Washington  
Springfield, Illinois 62767

The full text of the Adopted Amendment begins on the next page.



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## TITLE 50: INSURANCE

## CHAPTER 1: DEPARTMENT OF INSURANCE

## SUBCHAPTER 2: ACCIDENT AND HEALTH INSURANCE

## PART 2008

MINIMUM STANDARDS FOR INDIVIDUAL  
AND GROUP MEDICARE SUPPLEMENT INSURANCE

Section	Authority
2008.10	Purpose
2008.20	Applicability and Scope
2008.30	Definitions
2008.40	Policy Definitions and Terms
2008.50	Policy Provisions
2008.60	Benefit Conversion Requirements During Transition (Repealed)
2008.61	Minimum Benefit Standards for Policies or Certificates Issued for Delivery Prior to the Effective Date of this Part
2008.70	Benefit Standards for Policies or Certificates Issued or Delivered on or After the Effective Date of this Part
2008.71	Standard Medicare Supplement Benefit Plans
2008.72	Medicare Select Policies and Certificates
2008.73	Open Enrollment
2008.74	Standards for Claims Payment
2008.75	Loss Ratio Standards and Refund or Credit of Premium
2008.80	Filing and Approval of Policies and Certificates and Premium Rates
2008.81	Permitted Compensation Arrangements
2008.82	Required Disclosure Provisions
2008.90	Requirements for Application Forms and Replacement Coverage
2008.100	Standards for Marketing
2008.101	Appropriateness of Recommended Purchase and Excessive Insurance
2008.102	Reporting of Multiple Policies
2008.103	Prohibition Against Preexisting Conditions, Waiting Periods, Elimination Periods and Probationary Periods in Replacement Policies or Certificates
2008.104	Severability
2008.110	Effective Date (Repealed)
2008.120	Policy Checklist
APPENDIX A	Outline of Medicare Supplement Coverage-Cover Page
APPENDIX B	Plan A
APPENDIX C	Plan B
APPENDIX D	Plan C
APPENDIX E	Plan D
APPENDIX F	Plan E
APPENDIX G	Plan F
APPENDIX H	Plan G
APPENDIX I	Plan H
APPENDIX J	Plan I
APPENDIX K	Plan J
APPENDIX L	Plan K

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APPENDIX M	Notice to Applicant Regarding Replacement of Accident and Sickness Insurance <del>Response-Other-Than-Directly</del>
APPENDIX N	Medicare Supplement Refund Calculation Format
APPENDIX O	Notice of Medicare Changes
APPENDIX P	Medicare Supplement Policies Report

AUTHORITY: Implementing Sections 363 and 363a and authorized by Section 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, pars. 975, 975a and 1013).

SOURCE: Adopted at 6 Ill. Reg. 7115, effective June 1, 1982; adopted at 6 Ill. Reg. 7115, effective January 1, 1983; codified at 7 Ill. Reg. 3474; emergency amendment at 13 Ill. Reg. 586, effective January 1, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 8520, effective May 23, 1989; amended at 14 Ill. Reg. 19243, effective November 27, 1990; amended at 16 Ill. Reg. 2766, effective February 11, 1992; corrected at 16 Ill. Reg. 3590; amended at 16 Ill. Reg. 15452, effective September 29, 1992.

### Section 2008.70 Minimum Benefit Standards for Policies or Certificates Issued for Delivery Prior to the Effective Date of this Part

The following standards are applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this State prior to the effective date of this Part. No policy or certificate may be advertised, solicited or issued for delivery in this State as a Medicare supplement policy or certificate unless it meets or exceeds the following minimum standards. These are minimum standards and do not preclude the inclusion of other provisions or benefits which are not inconsistent with these standards.

a) General Standards.  
The following standards apply to Medicare supplement policies and certificates and are in addition to all other requirements of this Part.

- 1) A Medicare supplement policy or certificate shall not exclude or limit benefits for losses incurred more than six (6) months from the effective date of coverage because the losses involved a preexisting condition. The policy or certificate shall not define a preexisting condition more restrictively than as a condition for which medical advice was given or treatment was recommended by or received from a physician within six (6) months before the effective date of coverage.
- 2) A Medicare supplement policy or certificate shall not indemnify against losses resulting from sickness on a different basis than losses resulting from accidents.
- 3) A Medicare supplement policy or certificate shall provide that benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible amount and copayment percentage factors. Premiums may be modified to correspond with such changes.



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- 4) A "noncancellable," "guaranteed renewable," or "noncancellable and guaranteed renewable" Medicare supplement policy shall not:
- A) Provide for termination of coverage of a spouse solely because of the occurrence of an event specified for termination of coverage of the insured, other than the nonpayment of premium, or
- B) Be cancelled or nonrenewed by the issuer solely on the grounds of deterioration of health.

## 5) An insurer shall:

- A) Except as authorized by the Director of Insurance for this State, an issuer shall neither cancel nor nonrenew a Medicare supplement policy or certificate for any reason other than nonpayment of premium or material misrepresentation.

- B) If a group Medicare supplement insurance policy is terminated by the group policyholder and not replaced as provided in subsection (5)(D) below, the issuer shall offer certificateholders an individual Medicare supplement policy. The issuer shall offer the certificateholder at least the following choices:

- (i) an individual Medicare supplement policy currently offered by the issuer having comparable benefits to those contained in the terminated group Medicare supplement policy; and
- (ii) an individual Medicare supplement policy which provides only such benefits as are required to meet the minimum standards as defined in Section 2008.71(b) of this Part.

## C) If a membership in a group is terminated, the issuer shall:

- (i) offer the certificateholder such conversion opportunities as are described in subsection (5)(B) above; or
- (ii) at the option of the group policyholder, offer the certificateholder continuation of coverage under the group policy.

- D) If a group Medicare supplement policy is replaced by another group Medicare supplement policy purchased by the same policyholder, the succeeding issuer shall offer coverage to all persons covered under the old group policy on its date of termination. Coverage under the new group policy shall not result in any exclusion for preexisting conditions that would have been covered under the group policy being replaced.

- 6) Termination of a Medicare supplement policy or certificate shall be without prejudice to any continuous loss which commenced while the policy was in force, but the extension of benefits beyond the period the policy was in force may be predicated upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or to payment of

the maximum benefits.

- b) Minimum Benefit Standards.
- 1) Coverage of Part A Medicare eligible expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;
  - 2) Coverage for either all or none of the Medicare Part A inpatient hospital deductible amount;
  - 3) Coverage of Part A Medicare eligible expenses incurred as daily hospital charges during use of Medicare's lifetime hospital inpatient reserve days;
  - 4) Upon exhaustion of all Medicare hospital inpatient coverage including the lifetime reserve days, coverage of ninety percent (90%) of all Medicare Part A eligible expenses for hospitalization not covered by Medicare subject to a lifetime maximum benefit of an additional 365 days;
  - 5) Coverage under Medicare Part A for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations or already paid for under Part B;
  - 6) Coverage for the coinsurance amount of Medicare eligible expenses under Part B regardless of hospital confinement, subject to a maximum calendar year out-of-pocket amount equal to the Medicare Part B deductible [\$100] maximum-benefit-;
  - 7) Effective January 1, 1990, coverage under Medicare Part B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) (42 CFR 409.87(a) 1988, no subsequent dates or editions) unless replaced in accordance with federal regulations (42 CFR 409.87(b) 1988, no subsequent dates or editions) or already paid for under Part A, subject to the Medicare deductible amount.

(Source: Amended at 16 Ill. Reg. 15452, effective September 29, 1992.)

### Section 2008.71 Benefit Standards for Policies or Certificates Issued or Delivered on or After the Effective Date of this Part

The following standards are applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this State on or after the effective date of this Part. No policy or certificate may be advertised, solicited, delivered or issued for delivery in this State as a Medicare supplement policy or certificate unless it complies with these benefit standards.

a) General Standards

The following standards apply to Medicare supplement policies and certificates and are in addition to all other requirements of this Part.



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- 1) A Medicare supplement policy or certificate shall not exclude or limit benefits for losses incurred more than six (6) months from the effective date of coverage because the losses involved a preexisting condition. The policy or certificate may not define a preexisting condition more restrictively than as a condition for which medical advice was given or treatment was recommended by or received from a physician within six (6) months before the effective date of coverage.
- 2) A Medicare supplement policy or certificate shall not indemnify against losses resulting from sickness on a different basis than losses resulting from accidents.
- 3) A Medicare supplement policy or certificate shall provide that benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible amount and copayment percentage factors. Premiums may be modified to correspond with such changes.
- 4) No Medicare supplement policy or certificate shall provide for termination of coverage of a spouse solely because of the occurrence of an event specified for termination of coverage of the insured, other than the nonpayment of premium.
- 5) Each Medicare supplement policy shall be guaranteed renewable; and
  - A) The issuer shall not cancel or nonrenew the policy solely on the ground of health status of the individual; and
  - B) The issuer shall not cancel or nonrenew the policy for any reason other than nonpayment of premium or material misrepresentation; and
  - C) If the Medicare supplement policy is terminated by the group policyholder and is not replaced as provided under Section 2008.71(a)(5)(E), the issuer shall offer certificateholders an individual Medicare supplement policy which (at the option of the certificateholder):
    - i) Provides for continuation of the benefits contained in the group policy, or
    - ii) Provides for such benefits as otherwise meet the requirements of this subsection; and
  - D) If an individual is a certificateholder in a group Medicare supplement policy and the individual terminates membership in the group, the issuer shall:
    - i) Offer the certificateholder the conversion opportunity described in Section 2008.71(a)(5)(C), or
    - ii) At the option of the group policyholder, offer the certificateholder continuation of coverage under the group policy; and
  - E) If a group Medicare supplement policy is replaced by another group Medicare supplement policy purchased by the same policyholder, the succeeding issuer shall offer coverage to all persons covered under the old policy on its date of

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- 6) Termination of a Medicare supplement policy or certificate shall be without prejudice to any continuous loss which commenced while the policy was in force, but the extension of benefits beyond the period during which the policy was in force may be conditioned upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or payment of the maximum benefits.
- 7) A Medicare supplement policy or certificate shall provide:
  - A) That benefits and premiums under the policy or certificate shall be suspended at the request of the policyholder or certificateholder for the period (not to exceed twenty-four (24) months) in which the policyholder or certificateholder has applied for and is determined to be entitled to medical assistance under Title XIX of the Social Security Act, but only if the policyholder or certificateholder notifies the issuer of such policy or certificate within ninety (90) days after the date the individual becomes entitled to such assistance. Upon receipt of notice, the issuer shall return to the policyholder or certificateholder that portion of the premium attributable to the period of Medicaid eligibility, subject to adjustment for paid claims.
  - B) If such suspension occurs and if the policyholder or certificateholder loses entitlement to such medical assistance, such policy or certificate shall be automatically reinstituted (effective as of the date of termination of such entitlement) as of the termination of such entitlement if the policyholder or certificateholder provides notice of loss of such entitlement within ninety (90) days after the date of such loss and pays the premium attributable to the period, effective as of the date of termination of such entitlement.
  - C) Reinstitution of such coverages:
    - i) Shall not provide for any waiting period with respect to treatment of preexisting conditions;
    - ii) Shall provide for coverage which is substantially equivalent to coverage in effect before the date of such suspension; and
    - iii) Shall provide for classification of premiums on terms at least as favorable to the policyholder or certificateholder as the premium classification terms that would have applied to the policyholder or certificateholder had the coverage not been suspended.
- 8) Standards for Basic ("Core") Benefits Common to All Benefit Plans
 

Every issuer shall make available a policy or certificate including only the following basic "core" package of benefits to each prospective insured. An issuer may make available to prospective



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- insureds any of the other Medicare Supplement Insurance Benefit Plans in addition to the basic "core" package, but not in lieu thereof.
- 1) Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;
  - 2) Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used;
  - 3) Upon exhaustion of the Medicare hospital inpatient coverage including the lifetime reserve days, coverage of the Medicare Part A eligible expenses for hospitalization paid at the Diagnostic Related Group (DRG) day outlier per diem or other appropriate standard of payment, subject to a lifetime maximum benefit of an additional 365 days;
  - 4) Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations;
  - 5) Coverage for the coinsurance amount of Medicare Eligible Expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.
- c) Standards for Additional Benefits
- The following additional benefits shall be included in Medicare Supplement Benefit Plans "B" through "J" only as provided by Section 2008.72 of this Part.
- 1) Medicare Part A Deductible: Coverage for all of the Medicare Part A inpatient hospital deductible amount per benefit period.
  - 2) Skilled Nursing Facility Care: Coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for posthospital skilled nursing facility care eligible under Medicare Part A.
  - 3) Medicare Part B Deductible: Coverage for all of the Medicare Part B deductible amount per calendar year regardless of hospital confinement.
  - 4) Eighty Percent (80%) of the Medicare Part B Excess Charges: Coverage for eighty percent (80%) of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or State law, and the Medicare-approved Part B charge.
  - 5) One Hundred Percent (100%) of the Medicare Part B Excess Charges: Coverage for all of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or State law, and the Medicare-approved Part B charge.
  - 6) Basic Outpatient Prescription Drug Benefit: Coverage for fifty percent (50%) of outpatient prescription drug charges, after a two hundred fifty dollar (\$250) calendar year deductible, to a maximum of one thousand two hundred fifty dollars (\$1,250) in benefits received by the insured per calendar year, to the extent

- not covered by Medicare.
- 7) Extended Outpatient Prescription Drug Benefit: Coverage for fifty percent (50%) of outpatient prescription drug charges, after a two hundred fifty dollar (\$250) calendar year deductible to a maximum of three thousand dollars (\$3,000) in benefits received by the insured per calendar year, to the extent not covered by Medicare.
  - 8) Medically Necessary Emergency Care in a Foreign Country: Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-eligible expenses for medically necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a calendar year deductible of two hundred fifty dollars (\$250), and a lifetime maximum benefit of fifty thousand dollars (\$50,000). For purposes of this benefit, "emergency care" shall mean care needed immediately because of an injury or illness of sudden and unexpected onset.
  - 9) Preventive Medical Care Benefit: Coverage for the following preventive health services:
    - A) An annual clinical preventive medical history and physical examination that may include tests and services from subsection (B) below and patient education to address preventive health care measures.
    - B) Any one or a combination of the following preventive screening tests or preventive services, the frequency of which is considered medically appropriate:
      - i) Fecal occult blood test and/or digital rectal examination;
      - ii) Mammogram;
      - iii) Dipstick urinalysis for hematuria, bacteriuria and proteinuria;
      - iv) Pure tone (air only) hearing screening test, administered or ordered by a physician;
      - v) Serum cholesterol screening (every five (5) years);
      - vi) Thyroid function test;
      - vii) Diabetes screening.
    - C) Influenza vaccine administered at any appropriate time during the year and Tetanus and Diphtheria booster (every ten (10) years).
    - D) Any other tests or preventive measures determined appropriate by the attending physician.
    - E) Reimbursement shall be for the actual charges up to one hundred (100) percent of the Medicare-approved amount for each service, as if Medicare were to cover the service as identified in American Medical Association Current Procedural Terminology (AMA CPT) codes, to a maximum of one

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hundred twenty dollars (\$120) annually under this benefit. This benefit shall not include payment for any procedure covered by Medicare.

- 10) At-Home Recovery Benefit: Coverage for services to provide short term, at-home assistance with activities of daily living for those recovering from an illness, injury or surgery.

A) For purposes of this benefit, the following definitions shall apply:

i) "Activities of daily living" include, but are not limited to, bathing, dressing, personal hygiene, transferring, eating, ambulating, assistance with drugs that are normally self-administered, and changing bandages or other dressings.

ii) "Care provider" means an individual employed by an organization that is a Medicare-certified home health agency, and is accredited through a national accrediting organization such as the Joint Commission on Accreditation of Health Organizations (JCAHO), or the National League for Nursing (NLN), or the National Home Care Council (NHCC), and is licensed where State law requires a duly qualified or licensed home health aide/homemaker, personal care aide or nurse provided through a licensed home health care agency or referred by a licensed referral agency or licensed nurses registry.

iii) "Home" shall mean any place used by the insured as a place of residence, provided that such place would qualify as a residence for home health care services covered by Medicare. A hospital or skilled nursing facility shall not be considered the insured's place of residence.

iv) "At-home recovery visit" means the period of a visit required to provide at home recovery care, without limit on the duration of the visit, except each consecutive 4 hours in a 24-hour period of services provided by a care provider is one visit.

B) Coverage Requirements and Limitations

i) At-home recovery services provided must be primarily services which assist in activities of daily living.

ii) The insured's attending physician must certify that the specific type and frequency of at-home recovery services are necessary because of a condition for which a home care plan of treatment was approved by Medicare.

iii) Coverage is limited to:

No more than the number and type of at-home recovery visits certified as necessary by the insured's attending physician. The total number of at-home recovery visits shall not exceed the number of

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Medicare approved home health care visits under a Medicare approved Home Care Plan of Treatment.

The actual charges for each visit up to a maximum reimbursement of forty dollars (\$40) per visit.

One thousand six hundred dollars (\$1,600) per calendar year.

Seven (7) visits in any one week.

Care furnished on a visiting basis in the insured's home.

Services provided by a care provider as defined in this Section.

At-home recovery visits while the insured is covered under the policy or certificate and not otherwise excluded.

At-home recovery visits received during the period the insured is receiving Medicare approved home care services or no more than eight (8) weeks after the service date of the last Medicare approved home health care visit.

C) Coverage is excluded for:

i) Home care visits paid for by Medicare or other government programs; and

ii) Care provided by family members, unpaid volunteers or providers who are not care providers.

11) New or Innovative Benefits: An issuer may, with the prior approval of the Director, offer policies or certificates with new or innovative benefits in addition to the benefits provided in a policy or certificate that otherwise complies with the applicable standards. Such benefits may include benefits that are appropriate to Medicare supplement insurance, new or innovative, not otherwise available, cost-effective, and offered in a manner which is constant consistent with the goal of simplification of Medicare supplement policies.

(Source: Amended at 16 Ill. Reg. 15452, effective September 29, 1992)

Section 2008.72 Standard Medicare Supplement Benefit Plans

a) An issuer shall make available to each prospective policyholder and certificateholder a policy form or certificate form containing only the basic "core" benefits, as defined in Section 2008.71 of this Part.



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- b) No groups, packages or combinations of Medicare supplement benefits other than those listed in this Section shall be offered for sale in this State, except as may be permitted in Sections 2008.71(c)(11) and 2008.73 of this Part.
- c) Benefit plans shall be uniform in structure, language, designation and format to the standard benefit plans listed in ~~Appendix--B~~ subsection (e) below and conform to the definitions in Section 2008.40 of this Part. Each benefit shall be structured in accordance with the format provided in Sections 2008.71 (b) and (c) and list the benefits in the order shown in Appendix B of this Part. For purposes of this Section, "structure, language, and format" means style, arrangement and overall content of a benefit.
- d) An issuer may use, in addition to the benefit plan designations required in subsection (c) above, other designations to the extent permitted by law.
- e) Make-up of benefit plans:
- 1) Standardized Medicare supplement benefit plan "A" shall be limited to the Basic ("Core") Benefits Common to all Benefit Plans, as defined in Section 2008.71(b) of this Part.
  - 2) Standardized Medicare supplement benefit plan "B" shall include only the following: The Core Benefit as defined in Section 2008.71(b) of this Part, plus the Medicare Part A Deductible as defined in Section 2008.71(c)(1) of this Part.
  - 3) Standardized Medicare supplement benefit plan "C" shall include only the following: The Core Benefit as defined in Section 2008.71(b) of this Part, plus the Medicare Part A Deductible, Skilled Nursing Facility Care, Medicare Part B Deductible and Medically Necessary Emergency Care in a Foreign Country as defined in Sections 2008.71(c)(1), (2), (3) and (8) of this Part respectively.
  - 4) Standardized Medicare supplement benefit plan "D" shall include only the following: The Core Benefit as defined in Section 2008.71(b) of this Part, plus the Medicare Part A Deductible, Skilled Nursing Facility Care, Medically Necessary Emergency Care in a Foreign Country and the At-Home Recovery Benefit as defined in Sections 2008.71(c)(1), (2), (8) and (10) of this Part respectively.
  - 5) Standardized Medicare supplement benefit plan "E" shall include only the following: The Core Benefit as defined in Section 2008.71(b) of this Part, plus the Medicare Part A Deductible, Skilled Nursing Facility Care, Medically Necessary Emergency Care in a Foreign Country and Preventive Medical Care as defined in Sections 2008.71(c)(1), (2), (8) and (9) of this Part respectively.
  - 6) Standardized Medicare supplement benefit plan "F" shall include only the following: The Core Benefit as defined in Section 2008.71(b) of this Part, plus the Medicare Part A Deductible, the Skilled Nursing Facility Care, the Part B Deductible, One Hundred Percent (100%) of the Medicare Part B Excess Charges, and

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- Medically Necessary Emergency Care in a Foreign Country as defined in Sections 2008.71(c)(1), (2), (3), (5) and (8) of this Part respectively.
- 7) Standardized Medicare supplement benefit plan "C" shall include only the following: The Core Benefit as defined in Section 2008.71(b) of this Part, plus the Medicare Part A Deductible, Skilled Nursing Facility Care, Eighty Percent (80%) of the Medicare Part B Excess Charges, Medically Necessary Emergency Care in a Foreign Country, and the At-Home Recovery Benefit as defined in Sections 2008.71(c)(1), (2), (4), (8) and (10) of this Part respectively.
  - 8) Standardized Medicare supplement benefit plan "H" shall consist of only the following: The Core Benefit as defined in Section 2008.71(b) of this Part, plus the Medicare Part A Deductible, Skilled Nursing Facility Care, Basic Prescription Drug Benefit and Medically Necessary Emergency Care in a Foreign Country as defined in Sections 2008.71(c)(1), (2), (6) and (8) of this Part respectively.
  - 9) Standardized Medicare supplement benefit plan "I" shall consist of only the following: The Core Benefit as defined in Section 2008.71(b) of this Part, plus the Medicare Part A Deductible, Skilled Nursing Facility Care, One Hundred Percent (100%) of the Medicare Part B Excess Charges, Basic Prescription Drug Benefit, Medically Necessary Emergency Care in a Foreign Country and At-Home Recovery Benefit as defined in Sections 2008.71(c)(1), (2), (5), (6), (8) and (10) of this Part respectively.
  - 10) Standardized Medicare supplement benefit plan "J" shall consist of only the following: The Core Benefit as defined in Section 2008.71(b) of this Part, plus the Medicare Part A Deductible, Skilled Nursing Facility Care, Medicare Part B Deductible, One Hundred Percent (100%) of the Medicare Part B Excess Charges, Extended Prescription Drug Benefit, Medically Necessary Emergency Care in a Foreign Country, Preventive Medical Care and At-Home Recovery Benefit as defined in Sections 2008.71(c)(1), (2), (3), (5), (7), (8), (9) and (10) of this Part respectively.

(Source: Amended at 16 Ill. Reg. 15452, effective September 29, 1992)

## Section 2008.73 Medicare Select Policies and Certificates

- a) This Section shall apply to Medicare Select policies and certificates, as defined in this Section. The State of Illinois has not been chosen as a Medicare Select State; therefore, the provisions of this Section do not apply to Illinois Medicare policies or certificates. No policy or certificate may be advertised as a Medicare Select policy or certificate unless it meets the requirements of this Section.
- b) For the purposes of this Section:
  - 1) "Complaint" means any dissatisfaction expressed by an individual



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- concerning a Medicare Select issuer or its network providers.
- 2) "Grievance" means dissatisfaction expressed in writing by an individual insured under a Medicare Select policy or certificate with the administration, claims practices, or provision of services concerning a Medicare Select issuer or its network providers.
- 3) "Medicare Select issuer" means an issuer offering, or seeking to offer, a Medicare Select policy or certificate.
- 4) "Medicare Select policy" or "Medicare Select certificate" means respectively a Medicare supplement policy or certificate that contains restricted network provisions.
- 5) "Network provider" means a provider of health care, or a group of providers of health care, which has entered into a written agreement with the issuer to provide benefits insured under a Medicare Select policy.
- 6) "Restricted network provision" means any provision which conditions the payment of benefits, in whole or in part, on the use of network providers.
- 7) "Service area" means the geographic area approved by the Director within which an issuer is authorized to offer a Medicare Select policy.
- c) The Director of Insurance may authorize an issuer to offer a Medicare Select policy or certificate, pursuant to this Section and Section 4358 of the Omnibus Budget Reconciliation Act (OBRA) of 1990 if the Director finds that the issuer has satisfied all of the requirements of this Part.
- d) A Medicare Select issuer shall not issue a Medicare Select policy or certificate in this State until its plan of operation has been approved by the Director of Insurance.
- e) A Medicare Select issuer shall file a proposed plan of operation with the Director of Insurance in a format prescribed by the Director. The plan of operation shall contain at least the following information:
- 1) Evidence that all covered services that are subject to restricted network provisions are available and accessible through network providers, including a demonstration that:
    - A) Such services can be provided by network providers with reasonable promptness with respect to geographic location, hours of operation and after-hour care. The hours of operation and availability of after-hour care shall reflect usual practice in the local area. Geographic availability shall reflect the usual travel times within the community.
    - B) The number of network providers in the service area is sufficient, with respect to current and expected policyholders, either:
      - i) To deliver adequately all services that are subject to a restricted network provision; or
      - ii) To make appropriate referrals.
  - C) There are written agreements with network providers describing specific responsibilities.

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- D) Emergency care is available twenty-four (24) hours per day and seven (7) days per week.
- E) In the case of covered services that are subject to a restricted network provision and are provided on a prepaid basis, there are written agreements with network providers prohibiting such providers from billing or otherwise seeking reimbursement from or recourse against any individual insured under a Medicare Select policy or certificate. This subsection shall not apply to supplemental charges or coinsurance amounts as stated in the Medicare Select policy or certificate.
- 2) A statement or map providing a clear description of the service area.
  - 3) A description of the grievance procedure to be utilized.
  - 4) A description of the quality assurance program, including:
    - A) The formal organizational structure;
    - B) The written criteria for selection, retention and removal of network providers; and
    - C) The procedures for evaluating quality of care provided by network providers, and the process to initiate corrective action when warranted.
  - 5) A list and description, by specialty, of the network providers.
  - 6) Copies of the written information proposed to be used by the issuer to comply with subsection (i) hereunder below.
  - 7) Any other information requested by the Director of Insurance.
- f) A Medicare Select issuer shall:
- 1) File any proposed changes to the plan of operation, except for changes to the list of network providers, with the Director prior to implementing such changes. Such changes shall be considered approved by the Director after thirty (30) days unless specifically disapproved.
  - 2) An updated list of network providers shall be filed with the Director of Insurance at least quarterly.
- g) A Medicare Select policy or certificate shall not restrict payment for covered services provided by non-network providers if:
- 1) The services are for symptoms requiring emergency care or are immediately required for an unforeseen illness, injury or condition; and
  - 2) It is not reasonable to obtain such services through a network provider.
- h) A Medicare Select policy or certificate shall provide payment for full coverage under the policy for covered services that are not available through network providers.
- i) A Medicare Select issuer shall make full and fair disclosure in writing of the provisions, restrictions, and limitations of the Medicare Select policy or certificate to each applicant. This disclosure shall include at least the following:
- 1) An outline of coverage sufficient to permit the applicant to compare the coverage and premiums of the Medicare Select policy



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or certificate with:

- A) Other Medicare supplement policies or certificates offered by the issuer; and
- B) Other Medicare Select policies or certificates.
- 2) A description (including address, phone number and hours of operation) of the network providers, including primary care physicians, specialty physicians, hospitals, and other providers.
- 3) A description of the restricted network provisions, including payments for coinsurance and deductibles when providers other than network providers are utilized.
- 4) A description of coverage for emergency and urgently needed care and other out of service area coverage.
- 5) A description of limitations on referrals to restricted network providers and to other providers.
- 6) A description of the policyholder's right to purchase any other Medicare supplement policy or certificate otherwise offered by the issuer.
- 7) A description of the Medicare Select issuer's quality assurance program and grievance procedure.
- j) Prior to the sale of a Medicare Select policy or certificate, a Medicare Select issuer shall obtain from the applicant a signed and dated form stating that the applicant has received the information provided pursuant to subsection (i) above and that the applicant understands the restrictions of the Medicare Select policy or certificate.
- k) A Medicare Select issuer shall have and use procedures for hearing complaints and resolving written grievances from the subscribers. Such procedures shall be aimed at mutual agreement for settlement and may include arbitration procedures.
  - 1) The grievance procedure shall be described in the policy and certificates and in the outline of coverage.
  - 2) At the time the policy or certificate is issued, the issuer shall provide detailed information to the policyholder describing how a grievance may be registered with the issuer.
  - 3) Grievances shall be considered in a timely manner and shall be transmitted to decisionmakers who have authority to investigate the issue and take corrective action.
  - 4) If a grievance is found to be valid, corrective action shall be taken promptly.
  - 5) All concerned parties shall be notified about the results of a grievance.
  - 6) The issuer shall report no later than each March 31st to the Director of Insurance regarding its grievance procedure. The report shall be in a format prescribed by the Director and shall contain the number of grievances filed in the past year and a summary of the subject, nature and resolution of such grievances.
- l) At the time of initial purchase, a Medicare Select issuer shall make available to each applicant for a Medicare Select policy or certificate the opportunity to purchase any Medicare supplement policy

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- m) or certificate otherwise offered by the issuer.
 

At the request of an individual insured under a Medicare Select policy or certificate, a Medicare Select issuer shall make available to the individual insured the opportunity to purchase a Medicare supplement policy or certificate offered by the issuer which has comparable or lesser benefits and which does not contain a restricted network provision. The issuer shall make such policies or certificates available without requiring evidence of insurability after the Medicare supplement policy or certificate has been in force for six (6) months.

  - 1) For the purposes of this subsection, a Medicare supplement policy or certificate will be considered to have "comparable or lesser" benefits unless it contains one or more significant benefits not included in the Medicare Select policy or certificate being replaced.
  - 2) For the purposes of this subsection, a "significant benefit" means coverage for the Medicare Part A deductible, coverage for prescription drugs, coverage for at-home recovery services or coverage for Part B excess charges.
- n) Medicare Select policies and certificates shall provide for continuation of coverage in the event the Secretary of Health and Human Services determines that Medicare Select policies and certificates issued pursuant to this Section should be discontinued due to either the failure of the Medicare Select Program to be reauthorized under law or its substantial amendment.
  - 1) Each Medicare Select issuer shall make available to each individual insured under a Medicare Select policy or certificate the opportunity to purchase any Medicare supplement policy or certificate offered by the issuer which has comparable or lesser benefits and which does not contain a restricted network provision. The issuer shall make such policies and certificates available without requiring evidence of insurability.
  - 2) For the purposes of this subsection, a Medicare supplement policy or certificate will be considered to have "comparable or lesser" benefits unless it contains one or more significant benefits not included in the Medicare Select policy or certificate being replaced. For the purposes of this subsection, a "significant benefit" means coverage for the Medicare Part A deductible, coverage for prescription drugs, coverage for at-home recovery services or coverage for Part B excess charges.
- o) A Medicare Select issuer shall comply with requests for data made by State or federal agencies, including the United States Department of Health and Human Services, for the purpose of evaluating the Medicare Select Program.

(Source: Amended at September 29, 1992 ) 16 Ill. Reg. 15452, effective



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a) Pursuant to Section 4355 of the Omnibus Budget Reconciliation Act (OBRA) of 1990 (P.L. 101-508) and Section 363a of P.A. 87-0601, the requirements of this subsection are effective November 5, 1991.

1) A Medicare supplement policy form or certificate shall not be delivered or issued for delivery unless the policy form or certificate form can be expected, as estimated for the entire period for which rates are computed to provide coverage, to return to policyholders and certificateholders in the form of aggregate benefits (not including anticipated refunds or credits) provided under the policy form or certificate form, on the basis of incurred claims experience or incurred health care expenses, as appropriate, and earned premiums for such period and in accordance with accepted actuarial principles and practices:

1A) At least 75% of the aggregate amount of premiums earned in the case of group policies; or

1B) At least 65% of the aggregate amount of premiums earned in the case of individual policies.

2) All filings of rates and rating schedules shall demonstrate that expected claims in relation to premiums comply with the requirements of this Section when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards.

3) For purposes of applying subsection (a) of this Section and Subsection 208.81(c)(2) of this Part, policies issued as a result of solicitations of individuals through the mails or by mass media advertising (including both print and broadcast advertising) shall be deemed to be individual policies.

## b) Refund or Credit Calculation

1) An issuer shall collect and file with the Director by May 31 of each year the data contained in Appendix B N of this Part for each type in a standard Medicare supplement benefit plan.

2) If, on the basis of the experience as reported, the benchmark ratio since inception (ratio 1) exceeds the adjusted experience ratio since inception (ratio 3), then a refund or credit calculation is required. The refund calculation shall be done on a statewide basis for each type in a standard Medicare supplement benefit plan. For purposes of the refund or credit calculation, experience on policies issued within the reporting year shall be excluded.

3) A refund or credit shall be made only when the benchmark loss ratio exceeds the adjusted experience loss ratio and the amount to be refunded or credited exceeds a de minimis level. Such refund shall include interest from the end of the calendar year to the date of the refund or credit at a rate specified by the Secretary of Health and Human Services, but in no event shall it be less than the average rate of interest for 13-week Treasury notes. A refund or credit against premiums due shall be made by

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September 30 following the experience year upon which the refund or credit is based.

## c) Annual Filing of Premium Rates

An issuer of Medicare supplement policies and certificates issued in this State before or after the effective date of this Part shall file annually its rates, rating schedule and supporting documentation including ratios of incurred losses to earned premiums by policy duration for approval by the Director in accordance with the filing requirements and procedures prescribed by the Director. The supporting documentation shall also demonstrate, in accordance with actuarial standards of practice using reasonable assumptions, that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. Such demonstration shall exclude active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than three (3) years.

d) As soon as practicable, but prior to the effective date of enhancements in Medicare benefits, every issuer of Medicare supplement policies or certificates in this State shall file with the Department:

1) Appropriate premium adjustments necessary to produce loss ratios as anticipated for the current premium for the applicable policies or certificates. Such supporting documents as are necessary to justify the adjustment shall accompany the filing.

2) An issuer shall make such premium adjustments as are necessary to produce an expected loss ratio under such policy or certificate as will conform with minimum loss ratio standards for Medicare supplement policies and which are expected to result in a loss ratio at least as great as that originally anticipated in the rates used to produce current premiums by the issuer for such Medicare supplement policies or certificates. No premium adjustment which would modify the loss ratio experience under the policy other than the adjustments described herein shall be made with respect to a policy at any time other than upon its renewal date or anniversary date.

3) If an issuer fails to make premium adjustments acceptable to the Director, the Director may order premium adjustments, refunds or premium credits deemed necessary to achieve the loss ratio required by this Section.

4) Any appropriate riders, endorsements or policy forms needed to accomplish the Medicare supplement policy or certificate modifications necessary to eliminate benefit duplications with Medicare. Such riders, endorsements or policy forms shall provide a clear description of the Medicare supplement benefits provided by the policy or certificate.

e) Public Hearings  
The Director may conduct a public hearing to gather information concerning a request by an issuer for an increase in a rate for a



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policy form or certificate form issued before or after the effective date of this Part if the experience of the form for the previous reporting period is not in compliance with the applicable loss ratio standard. The determination of compliance is made without consideration of any refund or credit for such reporting period.

(Source: Amended at 16 Ill. Reg. 15452, effective September 29, 1992.)

**Section 2008.81 Filing and Approval of Policies and Certificates and Premium Rates**

- a) An issuer shall not deliver or issue for delivery a policy or certificate to a resident of this State unless the policy form or certificate form has been filed with and approved by the Director.
- b) An issuer shall not use or change premium rates for a Medicare supplement policy or certificate unless the rates, rating schedule and supporting documentation have been filed with and approved by the Director.

- c) Except as provided in subsection (c)(1) below, an issuer shall not file for approval more than one form of a policy or certificate of each type for each standard Medicare supplement benefit plan.

- 1) An issuer may offer, with the approval of the Director, up to four additional policy forms or certificate forms of the same type for the same standard Medicare supplement benefit plan, one for each of the following cases:

- A) The inclusion of new or innovative benefits;
- B) The addition of either direct response or producer marketing methods;
- C) The addition of either guaranteed issue or underwritten coverage;
- D) The offering of coverage to individuals eligible for Medicare by reason of disability.

- 2) For the purposes of this Section, a "type" means an individual policy, a group policy, and an individual Medicare Select policy, or a group Medicare Select policy.

- d) Except as provided in subsection (1) below, an issuer shall continue to make available for purchase any policy form or certificate form issued after the effective date of this Part that has been approved by the Director. A policy form or certificate form shall not be considered to be available for purchase unless the issuer has actively offered it for sale in the previous twelve months.

- 1) An issuer may discontinue the availability of a policy form or certificate form if the issuer provides to the Director in writing its decision at least 30 days prior to discontinuing the availability of the form of the policy or certificate. After receipt of the notice by the Director, the issuer shall no longer offer for sale the policy form or certificate form in this State.
- 2) An issuer that discontinues the availability of a policy form or

certificate form pursuant to subsection (1) above shall not file for approval a new policy form or certificate form of the same type for the same standard Medicare supplement benefit plan as the discontinued form for a period of five years after the issuer provides notice to the Director of the discontinuance. The period of discontinuance may be reduced if the Director determines that a shorter period is appropriate.

- 3) The sale or other transfer of Medicare supplement business to another issuer shall be considered a discontinuance for the purposes of this subsection.

- 4) A change in the rating structure or methodology shall be considered a discontinuance under subsection (d)(1) and (2) above unless the issuer complies with the following requirements:

- A) The issuer provides an actuarial memorandum, in a form and manner prescribed by the Director, describing the manner in which the revised rating methodology and resultant rates differ from the existing rating methodology and resultant rates.

- B) The issuer does not subsequently put into effect a change of rates or rating factors that would cause the percentage differential between the discontinued and subsequent rates as described in the actuarial memorandum to change. The Director may approve a change to the differential which is in the public interest.

- e) Except as provided herein, the experience of all policy forms or certificate forms of the same type in a standard Medicare supplement benefit plan shall be combined for purposes of the refund or credit calculation prescribed in Section 2008.80 of this Part. Forms assumed under an assumption reinsurance agreement shall not be combined with the experience of other forms for purposes of the refund or credit calculation.

(Source: Amended at 16 Ill. Reg. 15452, effective September 29, 1992.)

**Section 2008.90 Required Disclosure Provisions**

- a) General Rules

- 1) Medicare supplement policies and certificates shall include a renewal or continuation provision. The language or specifications of such provision must be consistent with the type of contract issued. Such provision shall be appropriately captioned and shall appear on the first page of the policy and shall include any reservation by the issuer of the right to change premiums and any automatic renewal premium increases based on the policyholder's age.

- 2) Except for riders or endorsements by which the issuer effectuates a request made in writing by the insured or exercises a



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specifically reserved right under a Medicare supplement policy, or is required to reduce or eliminate benefits to avoid duplication of Medicare benefits, all riders or endorsements added to a Medicare supplement policy after date of issue or at reinstatement or renewal which reduce or eliminate benefits or coverage in the policy shall require signed acceptance by the insured. After the date of policy or certificate issue, any rider or endorsement which increases benefits or coverage with an accompanying increase in premium during the policy term shall, unless the benefits are required by the minimum standards for Medicare supplement policies, be agreed to in writing signed by the insured, except if the increased benefits or coverage is required by law. Where a separate additional premium is charged for benefits provided in connection with riders or endorsements, such premium charge shall be set forth in the policy.

3) Medicare supplement policies or certificates shall not provide for the payment of benefits based on standards described as "usual and customary," "reasonable and customary," or words of similar import.

4) If a Medicare supplement policy or certificate contains any limitations with respect to preexisting conditions, such limitations shall appear as a separate paragraph of the policy and be labeled as "Preexisting Condition Limitations."

5) Medicare supplement policies and certificates shall have a notice prominently printed on the first page of the policy or attached thereto stating in substance that the policyholder or certificateholder shall have the right to return the policy or certificate within thirty (30) days of its delivery and to have the premium refunded directly to him or her in a timely manner if, after examination of the policy or certificate, the insured person is not satisfied for any reason.

6) Issuers of accident and sickness policies or certificates which provide hospital or medical expense coverage on an expense incurred or indemnity basis, other than incidentally, to a person(s) eligible for Medicare by reason of age shall provide to such applicants a "buyer's guide" approved by the Director of Insurance and in type size no smaller than 12 point type. Delivery of the "buyer's guide" shall be made whether or not such policies or certificates are advertised, solicited or issued as Medicare supplement policies or certificates as defined in this Part. Except in the case of direct response issuers, delivery of the "buyer's guide" shall be made to the applicant at the time of application and acknowledgement of receipt of the "buyer's guide" shall be obtained by the issuer. Direct response issuers shall deliver the "buyer's guide" to the applicant upon request but not later than at the time the policy is delivered.

b) Policy Checklist

1) In order to determine what policy is appropriate and non duplicative, a policy checklist must be completed in the

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presence of the applicant at the point of sale. Copies of the checklist, completed and duly signed are to be provided to the applicant and the issuer. This requirement does not apply to direct response solicitations.

2) The checklist required by subsection (b)(1) above shall provide substantially the form prescribed in Appendix A of this Part.

3) Issuers issuing Medicare supplement policies for delivery in this State shall not issue a Medicare supplement policy unless all information requested in the policy checklist is provided.

c) Notice Requirements

1) As soon as practicable, but no later than thirty (30) days prior to the annual effective date of Medicare benefit changes, every insurer shall notify its policyholders and certificateholders of modifications it has made to Medicare supplement insurance policies or certificates in the format prescribed in Appendix B of this Part. Such notice shall:

A) Include a description of revisions to the Medicare program and a description of each modification made to the coverage provided under the Medicare supplement policy or certificate, and

B) Inform each policyholder or certificateholder as to when any premium adjustment is to be made due to changes in Medicare.

2) The notice of benefit modifications and any premium adjustments shall be in outline form and in clear and simple terms so as to facilitate comprehension. This notice shall be plainly printed in no smaller than twelve (12) point type.

3) Such notices shall not contain or be accompanied by any solicitation.

d) Outline of Coverage Requirements for Medicare Supplement Policies

1) Issuers shall provide an outline of coverage to all applicants at the time the application is presented to the prospective applicant, and except for direct response policies, shall obtain an acknowledgement of receipt of such outline from the applicant; and.

2) If a Medicare supplement policy or certificate is issued on a basis which would require revision of the outline of coverage delivered at the time of application, a substitute outline of coverage properly describing the policy or certificate actually issued shall accompany such policy or certificate when it is delivered and contain the following statement, in no less than twelve (12) point type, immediately above the company name:

NOTICE: Read this outline of coverage carefully. It is not identical to the outline of coverage provided upon application, and the coverage originally applied for has not been issued.

3) In addition to the statement required by Section subsection 2008-96 (d)(2) of this Part Section, each revised outline of coverage accompanying a policy or certificate issued on a basis other than that originally applied for, shall contain the



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following notice appearing in no less than twelve (12) point type:

WARNING: The (policy or certificate) you have received is not the same as the one for which you made application.

- 4) The outline of coverage provided to applicants pursuant to this subsection shall consist of four parts: a cover page, premium information, disclosure pages, and charts displaying the features of each benefit plan offered by the issuer. Please see Appendix B of this Part. The outline of coverage shall be in the language and format prescribed below in Appendix B in no less than twelve (12) point type. All plans "A-J" shall be shown on the cover page, and the plan(s) that are offered by the issuer shall be prominently identified. Premium information for plans that are offered shall be shown on the cover page or immediately following the cover page and shall be prominently displayed. The premium and mode shall be stated for all plans that are offered to the prospective applicant. All possible premiums for the prospective applicant shall be illustrated.

- 5) The following items shall be included in the outline of coverage in the order prescribed below shall follow the format in Appendix B of this Part. The term "certificate" should be substituted for the word "policy" throughout the outline of coverage where appropriate.

- e) Notice Regarding Policies or Certificates Which are Not Medicare Supplement Policies

In the case wherein a policy, as defined in Section 355a(2)(a) of the Code, being sold to a person eligible for Medicare by reason of age provides one or more but not all of the minimum standards for Medicare supplements in Section 363 of the Code, such policy or certificate shall provide notice that such policy is not a Medicare supplement and does not meet the minimum benefits standards set forth for such policies in this State. Such notice shall appear on the first page of the policy or certificate on the first page of the outline of coverage. Such notice shall be in no less than twelve (12) point type and shall contain the following language:

THIS (POLICY OR CERTIFICATE) IS NOT A MEDICARE SUPPLEMENT (POLICY OR CERTIFICATE). IT DOES NOT FULLY SUPPLEMENT YOUR FEDERAL MEDICARE HEALTH INSURANCE. If you are eligible for Medicare, review the Medicare Supplement Buyers Guide available from the company.

- f) Applications - Notice regarding policies or certificates which are not Medicare supplement policies
- In the case wherein an application is used to apply for the type of policy as defined in Section--2008-90 subsection (e) of this Part Section, such application shall provide notice that the policy being applied for is not a "Medicare Supplement" and does not meet the minimum benefits standards set forth for such policies in this State. Such notice shall be in no less than twelve (12) point type and shall contain the following language:

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THIS (POLICY, CERTIFICATE OR SUBSCRIBER CONTRACT) WHICH YOU HAVE APPLIED FOR IS NOT A MEDICARE SUPPLEMENT (POLICY OR CERTIFICATE). IT DOES NOT FULLY SUPPLEMENT YOUR FEDERAL MEDICARE HEALTH INSURANCE. If you are eligible for Medicare, review the Medicare Supplement Buyers Guide available from the company.

- g) Filing Requirements for Advertising

- 1) An issuer of Medicare supplement insurance or benefits in this State shall provide a copy of any Medicare supplement advertisement intended for use in this State whether through written, radio or television medium to the Director of Insurance of this State for review by the Director to the extent it may be required under State law.

- 2) Notice regarding policies or certificates which are not Medicare supplement policies.

In the case wherein any advertising as defined in Section-2002-40 of 50 Ill. Adm. Code 2002.40 (Advertising of Accident and Sickness Insurance) is used to solicit the type of policy as defined in subsection Section-2008-90(e) of this Part Section, such advertising shall provide notice that the policy being advertised is not a Medicare supplement and does not meet the minimum benefits standards set forth for such policies in this State. Such notice shall be prominently disclosed within the text of the advertisement. Such notice shall be in no less than twelve (12) point type and shall contain the following language:

THIS (POLICY, CERTIFICATE OR SUBSCRIBER CONTRACT) IS NOT A MEDICARE SUPPLEMENT (POLICY OR CERTIFICATE). IT DOES NOT FULLY SUPPLEMENT YOUR FEDERAL MEDICARE HEALTH INSURANCE. If you are eligible for Medicare, review the Medicare Supplement Buyers Guide available from the company.

(Source: Amended at 16 Ill. Reg. 15452, effective September 29, 1992)

## Section 2008.102 Appropriateness of Recommended Purchase and Excessive Insurance

- a) In recommending the purchase or replacement of any Medicare supplement policy or certificate, an agent insurance producer shall make reasonable efforts to determine the appropriateness of a recommended purchase or replacement. For purposes of this subsection the insurer will be deemed to make reasonable efforts to determine the appropriateness of the recommended purchase if the insurer complies with the standards set forth in Sections 363a(5) and (6) of the Code.
- b) Any sale of Medicare supplement coverage that will provide an individual more than one Medicare supplement policy or certificate is prohibited.

(Source: Amended at 16 Ill. Reg. 15452, effective



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## Section 208.103 Reporting of Multiple Policies

- a) On or before March 1 of each year an issuer shall report the following information prescribed in Appendix P of this Part for every individual resident of this State for which the issuer has in force more than one Medicare supplement policy or certificate:
- 1) Policy and certificate number, and
  - 2) Date of issuance.
- b) The items set forth above must be grouped by individual policyholder.
- (Source: Amended at 16 Ill. Reg. 15452, effective September 29, 1992 )

ILLINOIS REGISTER  
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Section 2008. APPENDIX C Plan A

## MEDICARE (PART A)-Hospital Services-Per Benefit Period

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days	All but <del>\$698</del> \$652	\$0	<del>\$698</del> \$652 (Part A Deductible)
61st thru 90th day 91st day and after; -While using 60 lifetime reserve days -Once lifetime reserve days are used; -Additional 365 days -Beyond the Additional 365 days	All but <del>\$467</del> \$163 a day  All but <del>\$214</del> \$226 a day	<del>\$457</del> \$163 a day  <del>\$214</del> \$226 a day	\$0  \$0
	\$0	100% of Medicare Eligible Expenses	\$0
	\$0	\$0	All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare- approved facility within 30 days after leaving the hospital	All approved amounts All but \$78.50 a day \$0	\$0 \$0 \$0	\$0 Up to \$78.50 a day All costs
First 20 days 21st thru 100th day 101st day and after			
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co- insurance for out-patient drugs and inpatient res- pite care	\$0	Balance



Section 2008. APPENDIX D Plan B

MEDICARE (PART B)-Medical Services-Per Calendar Year

\*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 generally 80% \$0	\$0 generally 20% \$0	\$100 (Part B Deductible) \$0 All Costs
<b>BLOOD</b> First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$100 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES-BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$100 (Part B Deductible) \$0
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(Source: Amended at 16 Ill. Reg. 15452, effective September 29, 1992)

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Section 2008. APPENDIX D Plan B

MEDICARE (PART A)-Hospital Services-Per Benefit Period

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after; -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but \$628 \$652 All but \$167 \$163 a day All but \$314 \$326 a day \$0 \$0	\$628 \$652 (Part A Deductible) \$167 \$163 a day \$314 \$326 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$78.50 a day \$0	\$0 \$0 \$0	\$0 Up to \$78.50 a day All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient drugs and inpatient res-pite care	\$0	Balance



Section 2008.APPENDIX B Plan C

MEDICARE (PART A)-Hospital Services-Per Benefit Period

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 generally 80% \$0	\$0 generally 20% \$0	\$100 (Part B Deductible) \$0 All Costs
<b>BLOOD</b> First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80% 100%	All Costs \$0 20%	\$0 \$100 (Part B Deductible) \$0 \$0
<b>CLINICAL LABORATORY SERVICES-BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>			

PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$100 (Part B Deductible) \$0
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(Source: Amended at 16 111. 15452, effective September 29, 1992 )



NOTICE OF ADOPTED AMENDMENT(S)

(PLAN C Continued)  
MEDICARE (PART B)-Medical Services-Per Calendar Year

\*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare Approved Amounts*	\$0	\$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	generally 80%	generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$100 of Medicare Approved Amounts*	\$0	All Costs \$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES-BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment	100%	\$0	\$0
First \$100 of Medicare Approved Amounts*	\$0	\$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

NOTICE OF ADOPTED AMENDMENT(S)

(PLAN C Continued)  
OTHER BENEFITS-Not Covered By Medicare

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL-NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum

(Source: Amended at 16 Ill. Reg. 15452, effective September 29, 1992)



## DEPARTMENT OF INSURANCE

## DEPARTMENT OF INSURANCE

## NOTICE OF ADOPTED AMENDMENT(S)

## NOTICE OF ADOPTED AMENDMENT(S)

## Section 2008 APPENDIX F Plan D

(PLAN D Continued)

## MEDICARE (PART A)-Hospital Services-Per Benefit Period

## MEDICARE (PART B)-Medical Services-Per Calendar Year

\*A benefit period begins on the first day you received service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after; -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but \$628 \$552 All but \$457 \$163 a day All but \$214 \$326 a day \$0 \$0	\$628 \$552 (Part A Deductible) \$457 \$163 a day \$214 \$326 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$78.50 a day \$0	\$0 Up to \$78.50 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient drugs and inpatient respite care	\$0	Balance

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 generally 80% \$0	\$0 generally 20% \$0 All Costs	\$100 (Part B Deductible) \$0 All Costs
<b>BLOOD</b> First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$100 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES- BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

## PARTS A &amp; B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$100 (Part B Deductible) \$0
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ILLINOIS REGISTER  
DEPARTMENT OF INSURANCE  
NOTICE OF ADOPTED AMENDMENT(S)  
MEDICARE (PARTS A&B) - (CONTINUED)  
PARTS A&B (cont'd)

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ILLINOIS REGISTER  
DEPARTMENT OF INSURANCE  
NOTICE OF ADOPTED AMENDMENT(S)  
MEDICARE (PARTS A&B) - (CONTINUED)  
PARTS A&B (cont'd)

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ILLINOIS REGISTER  
DEPARTMENT OF INSURANCE  
NOTICE OF ADOPTED AMENDMENT(S)  
MEDICARE (PARTS A&B) - (CONTINUED)  
PARTS A&B (cont'd)

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15491  
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ILLINOIS REGISTER  
DEPARTMENT OF INSURANCE  
NOTICE OF ADOPTED AMENDMENT(S)  
MEDICARE (PARTS A&B) - (CONTINUED)  
PARTS A&B (cont'd)

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ILLINOIS REGISTER  
DEPARTMENT OF INSURANCE  
NOTICE OF ADOPTED AMENDMENT(S)  
MEDICARE (PARTS A&B) - (CONTINUED)  
PARTS A&B (cont'd)

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ILLINOIS REGISTER  
DEPARTMENT OF INSURANCE  
NOTICE OF ADOPTED AMENDMENT(S)  
MEDICARE (PARTS A&B) - (CONTINUED)  
PARTS A&B (cont'd)

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\*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare Approved Amounts*	\$0		\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	generally 80%	generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES-BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

PARTS A & B

<b>HOME HEALTH CARE</b>			
-Medically necessary skilled care services and medical supplies	100%	\$0	\$0
-Durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

(PLAN E Continued)  
OTHER BENEFITS-Not Covered By Medicare

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL-NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
<b>PREVENTIVE MEDICAL CARE BENEFIT-NOT COVERED BY MEDICARE</b> Annual physical and preventive tests and services such as: fecal occult blood test, digital rectal exam, mammogram, hearing screening, dipstick urinalysis, diabetes screening, thyroid function test, influenza shot, tetanus and diphtheria booster and education, administered or ordered by your doctor when not covered by Medicare First \$120 each calendar year Additional charges	\$0 \$0	\$120 \$0	\$0 All Costs

(Source: Amended at 16 15452, effective September 29, 1992)



SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but \$628 \$552 All but \$167 \$163 a day All but \$214 \$326 a day \$0 \$0	\$628 \$552 (Part A Deductible) \$167 \$163 a day \$214 \$326 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$78.50 a day \$0 \$0 3 pints \$0 100%	\$0 Up to \$78.50 a day \$0 \$0 \$0 \$0 \$0	\$0 \$0 All costs \$0 \$0 Balance
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient drugs and inpatient respite care	\$0	Balance

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 generally 80% \$0	\$100 (Part B Deductible) generally 20% 100%	\$0 \$0 \$0
<b>BLOOD</b> First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$100 (Part B Deductible) 20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES- BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

## PARTS A &amp; B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$100 (Part B Deductible) 20%	\$0 \$0 \$0
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DEPARTMENT OF INSURANCE  
NOTICE OF ADOPTED AMENDMENT(S)

(PLAN F Continued)  
OTHER BENEFITS-Not Covered By Medicare

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL-NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum

Section 2008.APPENDIX I Plan G

MEDICARE (PART A)-Hospital Services-Per Benefit Period

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but \$638 \$652 All but \$157 \$163 a day All but \$214 \$226 a day \$0 \$0	\$638 \$652 (Part A Deductible) \$157 \$163 a day \$214 \$226 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$78.50 a day \$0	\$0 Up to \$78.50 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient drugs and inpatient respite care	\$0	Balance

(Source: Amended at 16 Ill. Reg. 15452, effective September 29, 1992)



## NOTICE OF ADOPTED AMENDMENT(S)

(PLAN G Continued)  
MEDICARE (PART B)-Medical Services-Per Calendar Year

\*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare Approved Amounts*	\$0		\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	generally 80%	generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	80%	20%
<b>BLOOD</b> First 3 pints Next \$100 of Medicare Approved Amounts*	\$0 \$0 80%	All Costs \$0 20%	\$0 \$100 (Part B Deductible) \$0
Remainder of Medicare Approved Amounts			
<b>CLINICAL LABORATORY SERVICES- BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

## PARTS A &amp; B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$100 (Part B Deductible) \$0
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## DEPARTMENT OF INSURANCE

## NOTICE OF ADOPTED AMENDMENT(S)

(PLAN G Continued)  
MEDICARE (PARTS A&B)-(CONTINUED)

PARTS A&amp;B (Cont'd)

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE (cont'd)</b> AT-HOME RECOVERY SERVICES-NOT COVERED BY MEDICARE Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan -Benefit for each visit -Number of visits covered (must be received within 8 weeks of last Medicare Approved visit) -Calendar year maximum	\$0 \$0 \$0	Actual Charges to \$40 a visit Up to the number of Medicare Approved visits, not to exceed 7 each week \$1,600	Balance

## OTHER BENEFITS

<b>FOREIGN TRAVEL-NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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(Source: Amended at 16 Ill. Reg. 15452, effective September 29, 1992)



DEPARTMENT OF INSURANCE  
NOTICE OF ADOPTED AMENDMENT(S)

Section 2008. APPENDIX J Plan B

MEDICARE (PART A)-Hospital Services-Per Benefit Period

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but \$628 \$652 All but \$467 \$163 a day All but \$414 \$326 a day \$0 \$0	\$628 \$652 (Part A Deductible) \$467 \$163 a day \$414 \$326 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$78.50 a day \$0	\$0 Up to \$78.50 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient drugs and inpatient respite care	\$0	Balance

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DEPARTMENT OF INSURANCE  
NOTICE OF ADOPTED AMENDMENT(S)

MEDICARE (PART B)-Medical Services-Per Calendar Year  
(PLAN H Continued)

\*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 generally 80% \$0	\$0 generally 20% \$0	\$100 (Part B Deductible) \$0 All Costs
<b>BLOOD</b> First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$100 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES-BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$100 (Part B Deductible) \$0
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## DEPARTMENT OF INSURANCE

## NOTICE OF ADOPTED AMENDMENT(S)

(PLAN H Continued)

OTHER BENEFITS-Not Covered By Medicare

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY *
<b>FOREIGN TRAVEL-NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
<b>BASIC OUTPATIENT PRESCRIPTION DRUGS-NOT COVERED BY MEDICARE</b> First \$250 each calendar year Next \$2,500 each calendar year Over \$2,500 each calendar year	\$0 \$0 \$0	\$0 50%- \$1,250 calendar year maximum benefit \$0	\$250 50% All Costs

(Source: Amended at 16 Ill. Reg. 15452, effective September 29, 1992)

## DEPARTMENT OF INSURANCE

## NOTICE OF ADOPTED AMENDMENT(S)

## Section 2008. APPENDIX K Plan I

MEDICARE (PART A)-Hospital Services-Per Benefit Period

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but \$628 \$652 All but \$157 \$163 a day All but \$314 \$326 a day \$0 \$0	\$628 \$652 (Part A Deductible) \$157 \$163 a day \$314 \$326 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$78.50 a day \$0	\$0 Up to \$78.50 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient drugs and inpatient respite care	\$0	Balance



DEPARTMENT OF INSURANCE  
NOTICE OF ADOPTED AMENDMENT(S)  
(PLAN I Continued)  
MEDICARE (PART B)-Medical Services-Per Calendar Year  
(PLAN I Continued)  
MEDICARE (PARTS A&B)-(CONTINUED)  
PARTS A&B (cont'd)

\*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare Approved Amounts*	\$0		\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	generally 80%	generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$100 of Medicare Approved Amounts*	\$0 \$0	All Costs \$0	\$0 \$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES-BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies	100%	\$0	\$0
-Durable medical equipment First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE (cont'd)</b> AT-HOME RECOVERY SERVICES-NOT COVERED BY MEDICARE Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan -Benefit for each visit -Number of visits covered (must be received within 8 weeks of last Medicare Approved visit) -Calendar year maximum	\$0 \$0 \$0	Actual Charges to \$40 a visit Up to the number of Medicare Approved visits, not to exceed 7 each week \$1,600	Balance

OTHER BENEFITS

<b>FOREIGN TRAVEL-NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges*	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
<b>BASIC OUTPATIENT PRESCRIPTION DRUGS-NOT COVERED BY MEDICARE</b> First \$250 each calendar year Next \$2,500 each calendar year Over \$2,500 each calendar year	\$0 \$0 \$0	\$0 50%-\$1,250 calendar year maximum benefit \$0	\$250 50% All Costs

(Source: Amended at 16 Ill. Reg. 15452, effective September 29, 1992)



## DEPARTMENT OF INSURANCE

## NOTICE OF ADOPTED AMENDMENT(S)

## Section 2008 APPENDIX L Plan J

## MEDICARE (PART A)-Hospital Services-Per Benefit Period

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but \$638 \$652 All but \$167 \$163 a day All but \$344 \$326 a day \$0 \$0	\$638 \$652 (Part A Deductible) \$167 \$163 a day \$344 \$326 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$78.50 a day \$0	\$0 Up to \$78.50 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient drugs and inpatient respite care	\$0	Balance

## NOTICE OF ADOPTED AMENDMENT(S)

## (PLAN J Continued)

## MEDICARE (PART B)-Medical Services-Per Calendar Year

\*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 generally 80% \$0	\$100 (Part B Deductible) generally 20% 100%	\$0 \$0 \$0
<b>BLOOD</b> First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$100 (Part B Deductible) 20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES-BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

## PARTS A &amp; B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$100 (Part B Deductible) 20%	\$0 \$0 \$0



NOTICE OF ADOPTED AMENDMENT(S)

(PLAN J Continued)  
MEDICARE (PARTS A&B)-(CONTINUED)

PARTS A&B (cont'd)

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE (cont'd)</b> <b>AT-HOME RECOVERY SERVICES-NOT COVERED BY MEDICARE</b> Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan -Benefit for each visit	\$0	Actual Charges to \$40 a visit	Balance
-Number of visits covered (must be received within 8 weeks of last Medicare Approved Visit)	\$0	Up to the number of Medicare Approved visits, not to exceed 7 each week	
-Calendar year maximum	\$0	\$1,600	

OTHER BENEFITS

<b>FOREIGN TRAVEL-NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA	\$0	\$0	\$250 20% and amounts over the \$50,000 lifetime maximum
First \$250 each calendar year	\$0		
Remainder of Charges*	\$0	80% to a lifetime maximum benefit of \$50,000	
<b>EXTENDED OUTPATIENT PRESCRIPTION DRUGS-NOT COVERED BY MEDICARE</b>			
First \$250 each calendar year	\$0	\$0	\$250
Next \$6,000 each calendar year	\$0	50%- \$3,000 calendar year maximum benefit	50%
Over \$6,000 each calendar year	\$0	\$0	All Costs

NOTICE OF ADOPTED AMENDMENT(S)

(PLAN J Continued)  
OTHER BENEFITS (cont'd)

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>PREVENTIVE MEDICAL CARE BENEFIT-NOT COVERED BY MEDICARE</b> Annual physical and preventive tests and services such as: fecal occult blood test, digital rectal exam, mammogram, hearing screening, dipstick urinalysis, diabetes screening, thyroid function test, influenza shot, tetanus and diphtheria booster and education, administered or ordered by your doctor when not covered by Medicare			
First \$120 each calendar year	\$0	\$120	\$0
Additional charges	\$0	\$0	All costs

(Source: Amended at 16 Ill. Reg. 15452, effective September 29, 1992)



## NOTICE OF ADOPTED AMENDMENT(S)

**Section 2008 APPENDIX M Notice to Applicant Regarding Replacement of Accident and Sickness Insurance (response-Other-than-Direct)**

Insurance company's name and address

**SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE**

According to (your application) (information you have furnished) you intend to terminate existing accident and sickness insurance and replace it with a policy to be issued by (Company Name) Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. Terminate your present policy only if, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision.

**STATEMENT TO APPLICANT BY INSURANCE PRODUCER:**

I have reviewed your current medical or health insurance coverage. The replacement of insurance involved in this transaction does not duplicate coverage, to the best of my knowledge. The replacement policy is being purchased for the following reason(s) (Check one):

- Additional benefits.  
\_\_\_\_ No change in benefits, but lower premiums.  
\_\_\_\_ Fewer benefits and lower premiums.  
\_\_\_\_ Other. (please specify) \_\_\_\_\_

- 1) Health conditions which you may presently have (preexisting conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
- 2) State law (Section 363(7)(b) of the Illinois Insurance Code, Ill. Rev. Stat. 1998 1991 Supp., ch. 73, par. 975) provides that your replacement policy or certificate may not contain new preexisting conditions, waiting periods, elimination periods or probationary periods. The issuer will waive any time periods applicable to preexisting conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.
- 3) If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company

## NOTICE OF ADOPTED AMENDMENT(S)

to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded. (If the policy or certificate is guaranteed issue, this paragraph need not appear.)

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

(Signature of Insurance Producer or Other Representative)

Typed Name and Address of Issuer or Insurance Producer

(Applicant's Signature)

Date

\* Signature not required for direct response sales.

(Source: Amended at 16 Ill. Reg. 15452, effective September 29, 1992)



## DEPARTMENT OF MINES AND MINERALS

## DEPARTMENT OF MINES AND MINERALS

## NOTICE OF ADOPTED AMENDMENT(S)

## NOTICE OF ADOPTED AMENDMENT(S)

1) The Heading of the Part: The Illinois Oil and Gas Act

the word "(Repealed)" has been added in Section 240.530; Section 240.1180 was mistakenly repealed, this section has been put back in.

2) Code Citation: 62 Ill. Adm. Code 240

b) In Section 240.10, "Enhanced Oil Recovery" definition cite has been updated from "1989" to "1991"; "Liquid Oilfield Waste" definition, "produced waters" has been added after "means oilfield brines,"; the statutory cite has also been added after this definition and the definition of "Orphan Well"; in the definition of "Produced Water", "total dissolved solids (TDS)" has been added after "chloride and", and after "and/or", "natural" has been added; the cite has been updated in the definition of "The Act".

3) Section Numbers

c) In 240.500 in the definition of "Completion Fluids", "or workover" has been added after "used to complete"; and the definition of "Drilling Fluid Waste" has been added.

4) Statutory Authority: Implemented and authorized by Section 6 of The Illinois Oil and Gas Act (Ill. Rev. Stat. 1991, ch. 96 1/2, par. 5409)

d) In Section 240.520(a), in the third line after "drill cuttings", "and drilling fluids" has been added; 240.520(b), "fluids," has been added in the first line after "drilling"; in the fourth line after "and one (1)", "drilling fluid" has been added; in Section 240.520(c)(1), "fluids" has been added in the first line after "drilling"; in Section 240.520(c)(2), in the first line after "pits and", "drilling fluid" has been added and in the third line "fluids" has been added after "drilling".

5) Effective Date of Amendments: September 29, 1992

e) In Section 240.530(c)(2), "or the drilling fluid circulation pit" has been added after "The sediment pit"; in the third line, "either" has been added after "If"; and in the last line, "other" has been added before "pit."

6) Does this rulemaking contain an automatic repeal date? No

7) Do these amendments contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: September 29, 1992

9) Notice of Proposed Amendments Published in Illinois Register: 16 Ill. Reg. 3282, March 6, 1992

10) Has JCAR issued a Statement of Objections to these rules? No

11) Difference(s) between proposal and final version:

a) In the Table of Contents, the heading of Subpart E reads "WELL DRILLING AND-CASING-PROCEDURES COMPLETION AND WORKOVER REQUIREMENTS";

j) In Section 240.1180 was mistakenly repealed, this was put back in.



## DEPARTMENT OF MINES AND MINERALS

## NOTICE OF ADOPTED AMENDMENT(S)

12) Have all changes agreed upon by JC&R and the agency been made as indicated in the agreement letter issued by JC&R to the agency? No changes were requested. See copy of letter enclosed.

13) Will these Amendments replace an Emergency Amendment currently in effect?  
No

14) Are there any amendments pending on this part? Yes

Section Number	Proposed Action	Ill. Reg. Citation
240.131	New Section	16 Ill. Reg. 13722
240.132	New Section	16 Ill. Reg. 13722
240.133	New Section	16 Ill. Reg. 13722
240.160	Amended	16 Ill. Reg. 13722
240.170	Amended	16 Ill. Reg. 13722
240.180	Amended	16 Ill. Reg. 13722
240.190	Amended	16 Ill. Reg. 13722
240.195	Amended	16 Ill. Reg. 13722

15) Summary and Purpose of Rule(s):

Amendments to Subpart A (Section 240.10) add definitions of terms used in revisions to Part 240 and strike obsolete definitions.

Amendments to Subpart E (Sections 240.500 through 240.550) specify requirements for drilling and completing wells including the handling, storage and disposal of wastes generated during drilling and completion activities.

Amendments to Subparts F and G (Section 240.610, 240.640, 240.710, 240.760 and 240.780) specify alternative surface casing procedures for production wells and injection wells respectively, and provide for giving notice of various activities to newly established District Offices in lieu of the well inspector. Amendments to Subpart G (Section 240.760(c)) also clarify the requirements for conducting Mechanical Integrity Tests (MIT's) on previously untested Class II UIC wells at the rate of 20% per year during the 5 year testing period ending September 1, 1995.

Amendments to Subpart K (Sections 240.1110, 240.1130, 240.1150, 240.1160, and 240.1170) define plugging fluid wastes and set forth requirements for their handling, storage and disposal during plugging and well site restoration operations. Other amendments to this Subpart clarify the conducting of annual fluid level tests on temporarily abandoned wells, modify requirements for setting mechanical bridge plugs, provide that temporary abandonment for Class II UIC wells cannot be extended unless a mechanical integrity test is performed, and require plugs to be placed opposite uncased intervals that have produced or into which injection is occurring.

## DEPARTMENT OF MINES AND MINERALS

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Amendments to Subpart N (Sections 240.1430, 240.1450 and 240.1460) clarify that transfers include all wells on a lease, and provide for notice and hearing if an interested person contests a permit transfer action by the Department.

16) Information and questions regarding these adopted amendments shall be directed to:

Name: Gunnar Gunnarsson  
Legal Counsel

Address: 300 W. Jefferson, Suite 300  
P.O. Box 10137  
Springfield, IL 62791-0137

Telephone: (217) 524-1028

The full text of the Adopted Amendments begin on the next page:



## DEPARTMENT OF MINES AND MINERALS

## NOTICE OF ADOPTED AMENDMENT(S)

## TITLE 62: MINING

## CHAPTER I: DEPARTMENT OF MINES AND MINERALS

## PART 240

## THE ILLINOIS OIL AND GAS ACT

## SUBPART A: GENERAL PROVISIONS

## Section

240.10 Definitions  
240.20 Prevention of Waste (Repealed)  
240.30 Jurisdiction (Repealed)  
240.40 Enforcement of Act (Repealed)  
240.50 Delegation of Authority (Repealed)  
240.60 Right of Inspection (Repealed)  
240.70 Right of Access (Repealed)  
240.80 Sworn Statements (Repealed)  
240.90 Additional Reports (Repealed)  
240.100 When Rules Become Effective (Repealed)  
240.110 Notice of Rules (Repealed)  
240.120 Forms (Repealed)  
240.130 Hearings--Notices  
240.140 Violations Not Requiring Formal Action  
240.150 Notice of Violation  
240.160 Director's Decision  
240.170 Cessation Order  
240.180 Enforcement Hearings  
240.190 Temporary Relief  
240.195 Subpoenas

## SUBPART B: PERMIT APPLICATION PROCEDURES FOR PRODUCTION WELLS

## Section

240.200 Applicability  
240.210 Application for Permit to Drill, Deepen or Convert to a Production Well  
240.220 Contents of Application  
240.230 Authority of Person Signing Application  
240.240 Additional Requirements for Directional Drilling  
240.250 Issuance of Permit  
240.255 Underground Injection and Disposal Projects (Recodified)  
240.260 Change of Well Location  
240.270 Application for Approval of Enhanced Recovery Injection and Disposal Operations (Repealed)  
240.280 Duration of Underground Injection Well Orders (Repealed)

## SUBPART C: PERMIT APPLICATION PROCEDURES FOR CLASS II UTC WELLS

## DEPARTMENT OF MINES AND MINERALS

## NOTICE OF ADOPTED AMENDMENT(S)

## Section

240.300 Applicability  
240.305 Transfer of Management (Recodified)  
240.310 Application for Permit to Drill, Deepen or Convert to a Class II UTC Well  
240.320 Contents of Application  
240.330 Authority of Person Signing Application  
240.340 Proposed Well Construction and Operating Parameters  
240.350 Groundwater and Potable Water Supply Information  
240.360 Area of Review  
240.370 Public Notice  
240.380 Issuance of Permit  
240.390 Permit Amendments  
240.395 Update of Class II UTC Well Permits Issued Prior to July 1, 1987

## SUBPART D: SPACING OF WELLS

## Section

240.410 Drilling Units  
240.420 Well Location Exceptions within Drilling Unit  
240.430 Drilling Unit Exceptions  
240.440 More Than One Well on a Drilling Unit  
240.450 Directional Drilling  
240.460 Special Drilling Units Based Upon Reservoir Characteristics

SUBPART E: WELL DRILLING AND-CASING-PROCEDURES  
COMPLETION AND WORKOVER REQUIREMENTS

## Section

240.500 Definitions  
240.510 Rotary-Drilling-Procedure--(Repealed) Department Permit Posted  
240.520 Cable-Tool--Drilling-Rules--(Repealed) Drilling Fluid Handling and Storage  
240.530 Slush--and-Mud--Pits Completion Fluid and Completion Fluid Waste  
240.540 Handling and Storage  
240.550 Drilling and Completion Pit Restoration  
Disposal of General Oilfield Wastes

SUBPART F: WELL CONSTRUCTION, OPERATING AND REPORTING  
REQUIREMENTS FOR PRODUCTION WELLS  
OPERATING REQUIREMENTS

## Section

240.600 Applicability  
240.610 Construction Requirements for Production Wells  
240.620 Remedial Cementing of Leaking Wells  
240.630 Operating Requirements  
240.640 Reporting Requirements



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240.650 Confidentiality of Well Data  
 240.655 Mechanical Integrity Testing for Class II Injection Wells (Repealed)  
 240.660 Monitoring and Reporting Requirements for Enhanced Recovery Injection and Disposal Wells (Repealed)  
 240.670 Avoidable Waste of Gas (Repealed)  
 240.680 Escape of Unburned Gas Prohibited (Repealed)

SUBPART G: WELL CONSTRUCTION, OPERATING  
 AND REPORTING REQUIREMENTS FOR CLASS II UIC WELLS

Section  
 240.700 Applicability  
 240.710 Surface and Production Casing Requirements for Newly Drilled Class II UIC Wells Drilled After the Effective Date of this Section  
 240.720 Surface and Production Casing Requirements for Conversion to Class II UIC Wells  
 240.730 Surface and Production Casing Requirements for Existing Class II UIC Wells  
 240.740 Other Construction Requirements for Class II UIC Wells  
 240.750 Operating Requirements for Class II UIC Wells  
 240.760 Internal Mechanical Integrity Testing for Class II UIC Wells  
 240.770 External Mechanical Integrity Testing for Class II UIC Wells  
 240.780 Reporting Requirements for Class II UIC Wells  
 240.790 Confidentiality of Well Data

SUBPART H: GENERAL LEASE OPERATING REQUIREMENTS AND  
 AVOIDANCE OF SURFACE POLLUTION

Section  
 240.805 Introduction  
 240.810 Disposal in Underground Stratum  
 240.820 Disposal in Earthen Pits  
 240.830 Pipes to be Kept in Repair  
 240.840 Burn Off Pits  
 240.850 Lease Tank Reservoirs  
 240.860 Fire Hazards at Well Locations  
 240.870 Mining Board Supervision  
 240.880 Yearly Inspection--of Pits--Revocation of Permits--Orders for Corrective Action and Other Disposal  
 240.890 Lease and Well Identification

## SUBPART I: OIL FIELD BRINE HAULING

Section  
 240.905 Introduction (Recodified)  
 240.910 Authority, Policy and Purpose  
 240.920 Definitions

## DEPARTMENT OF MINES AND MINERALS

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240.930 Oil Field Brine Haulers Permit  
 240.940 Applications for Brine Hauling Permit Shall Include the Following:  
 240.950 Applications for Oil Field Brine Hauling Permits--Signatures and Authorization  
 240.960 Oil Field Brine Hauling Permit Conditions  
 240.970 Inspection of Vehicles  
 240.980 Transfer of Permits  
 240.985 Revocation of Oil Field Brine Hauling Permit  
 240.990 Records and Reporting Requirements  
 240.995 Bonds--Blanket Surety Bond (Repealed)

## SUBPART J: VACUUM

Section  
 240.1005 Requirements for Use of Vacuum Pumps  
 240.1010 Application for Use of Vacuum  
 240.1020 Notice and Hearing on Application  
 240.1030 Mining Board Authority

## SUBPART K: PLUGGING OF WELLS

Section  
 240.1105 Plugging of Non-Productive Wells (Repealed)  
 240.1110 Definitions  
 240.1120 Plugging of Uncased Wells  
 240.1130 Plugging or Temporary Abandonment of Abandoned or Inactive Wells  
 240.1140 General Plugging Procedures and Requirements  
 240.1150 Specific Plugging Procedures  
 240.1151 Procedures for Plugging Coal Seams  
 240.1160 ~~Converting--to-Water--Well--(Repealed)~~ Plugging Fluid Handling and Storage  
 240.1170 Plugging Fluid Waste Disposal and Well Site Restoration  
 240.1180 Lease Restoration  
 240.1190 Filing Plugging Affidavit

## SUBPART L: OTHER WELLS

Section  
 240.1200 Application for Permit for Geological or Structural Test Hole  
 240.1205 Transfer of Management (Recodified)  
 240.1210 When Bond Required--Amount (Recodified)  
 240.1220 Kind of Bond--Execution (Recodified)  
 240.1230 Bond of Manager (Recodified)  
 240.1240 Bond Form--Approval (Recodified)  
 240.1250 Surety May Cancel Bond (Recodified)  
 240.1260 Mining Board May Cancel Bond (Recodified)  
 240.1270 Casing Puller's Bond (Recodified)



## DEPARTMENT OF MINES AND MINERALS

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## SUBPART M: PROTECTION OF WORKABLE COAL BEDS

Section	Introduction
240.1300	Permit Requirements in Mine Areas
240.1305	Workable Coal Beds Defined
240.1310	Mining Board may Determine Presence of Coal Seams
240.1320	Well Locations Prohibited
240.1330	Notice to Mining Board
240.1340	Casing and Protective Work
240.1350	Operational Requirements Over Active Mine
240.1360	Inspection of Vehicles (Recodified)
240.1370	Transfer of Permits (Recodified)
240.1380	Revocation of Oil Field Brine Hauling Permit (Recodified)
240.1385	Records and Reporting Requirements (Recodified)
240.1390	Bonds--Blanket Surety Bond (Recodified)
240.1395	

## SUBPART N: TRANSFER OF OWNERSHIP

Section	Definitions
240.1400	Transfer of Management (Repealed)
240.1405	Applicability
240.1410	When Notification to be Made
240.1420	Responsibilities of Current Permittee
240.1430	Responsibilities of New Permittee
240.1440	Authority of Persons Signing Notification
240.1450	Other Conditions for and Effect of Transfer
240.1460	Casing Fuller's Bond (Repealed)
240.1470	

## SUBPART O: BONDS

Section	When Required and Amount
240.1500	Definitions
240.1510	Bond Requirements
240.1520	Forfeiture of Bonds
240.1530	

AUTHORITY: Implementing and authorized by Sections 6 and 8a of "The Illinois Oil and Gas Act" (Ill. Rev. Stat. 1989, ch. 96 1/2, pars. 5409 and 5413).

SOURCE: Adopted November 7, 1951; emergency amendment at 6 Ill. Reg. 903, effective January 15, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 5542, effective April 19, 1982; codified at 8 Ill. Reg. 2475; amended at 11 Ill. Reg. 2818, effective January 27, 1987; amended at 14 Ill. Reg. 2317, effective January 25, 1990; recodified at 14 Ill. Reg. 3053; amended at 14 Ill. Reg. 13620, effective August 8, 1990; amended at 14 Ill. Reg. 20427, effective January 1, 1991; amended at 15 Ill. Reg. 2706, effective January

## DEPARTMENT OF MINES AND MINERALS

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31, 1991; recodified at 15 Ill. Reg. 8566; recodified at 15 Ill. Reg. 11641; emergency amendment at 15 Ill. Reg. 14679, effective September 30, 1991 for a maximum of 150 days; amended at 15 Ill. Reg. 15493, effective October 10, 1991; amended at 16 Ill. Reg. 2576, effective February 3, 1992; amended at 16 Ill. Reg. 15513, effective September 29, 1992.

(NOTE: Capitalization denotes statutory language.)

## SUBPART A: GENERAL PROVISIONS

## Section 240.10 Definitions

"Annular or casing injection/disposal well"--means a well into which fluids are injected between the surface casing and the well bore, the surface casing and the production casing, and/or the production casing and the tubing, or a well into which fluids are injected which does not have production casing, tubing and packer.

"Cement"--means all petroleum industry cements meeting the requirements set forth in "Specifications for Oil Well Cements and Cement Additives", API Standard 10A, January, 1974, published by the American Petroleum Institute, 1220 L Street, Northwest, Washington, D.C. 20005 (this incorporation does not include any later publications or editions), except as provided in Subpart K of these rules.

"Class II UIC well"-- means a well into which fluids are injected:

Which are brought to the surface in connection with natural gas storage operations, or conventional oil or natural gas production and may be commingled with wastewaters from gas plants which are an integral part of production operations unless those waters are classified as a hazardous waste at the time of injection;

For enhanced recovery of oil or natural gas; and

For storage of hydrocarbons which are liquid at standard temperature and pressure.

"Convert"--means to change an oil, gas, Class II UIC, water supply, observation or gas storage well to another of those types of wells, requiring the issuance of a new permit.

"DEPARTMENT"--MEANS THE DEPARTMENT OF MINES AND MINERALS OF THE STATE OF ILLINOIS.

"Development"--means any work-or-operation-on-or-appurtenant-to-the oil--and-gas--leasehold-premises;--which-actively--looks-toward--the drilling-of-wells-for-oil-or-gas;--or-the-discovery-of-or-bringing-in production.



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"Directional Drilling"--means the controlled directional drilling when the bottom of the well bore is directed away from the vertical position.

"Disposal Well"--means a Class II UIC well into which fluids brought to the surface in connection with oil or natural gas production are injected for purposes other than enhanced oil recovery.

"Enhanced Oil Recovery Injection Well"--MEANS ANY SECONDARY OR TERTIARY RECOVERY METHOD USED IN AN EFFORT TO RECOVER HYDROCARBONS FROM A POOL BY INJECTION OF FLUIDS, GASES OR OTHER SUBSTANCES TO MAINTAIN, RESTORE OR AUGMENT NATURAL RESERVOIR ENERGY, OR BY INTRODUCING GASES, CHEMICALS, OTHER SUBSTANCES OR HEAT OR BY IN-SITU COMBUSTION, OR BY ANY COMBINATION THEREOF. (Ill. Rev. Stat. 1989 1991, Ch. 96 1/2, par. 5401)

"Enhanced Oil Recovery Injection Well"--means a Class II UIC well used for enhanced oil recovery.

"Flowline"--means all injection, produced water and oil flow lines located within the boundaries of a lease or unit, or gathering lines between leases to a centralized storage area, or to the point where the lines connect with a primary transportation pipeline.

"Fresh Water"--means surface and subsurface water in its natural state useful for drinking water for human consumption, domestic livestock, irrigation, industrial, municipal and recreational purposes, and which will support aquatic life and contains less than 10,000 mg/liter total dissolved solids.

"General Oilfield Waste"--means paper, trash, oily rags, chemical containers, oil filters and gaskets, used motor oil, hydraulic fluids, diesel fuels and other similar wastes generated during completion, production and plugging activities.

"Liquid Oilfield Waste"--means OILFIELD BRINES, produced waters, TANK AND PIT BOTTOM SEDIMENTS, AND DRILLING AND COMPLETION FLUIDS, TO THE EXTENT THOSE WASTES ARE NOW OR HEREAFTER EXEMPT FROM THE PROVISIONS OF SUBTITLE C OF THE FEDERAL RESOURCE CONSERVATION RECOVERY ACT OF 1976. (Ill. Rev. Stat. 1991, ch. 96 1/2, par. 5414.1)

"Liquid Oilfield Waste Hauler"--means a person holding a permit to operate a liquid oilfield waste transportation system.

"ORPHAN WELL"--MEANS A WELL FOR WHICH: (1) NO FEE ASSESSMENT UNDER SECTION 19.7 OF THIS ACT HAS BEEN PAID OR NO OTHER BOND COVERAGE HAS

BEEN PROVIDED FOR 2 CONSECUTIVE YEARS; (2) NO OIL OR GAS HAS BEEN PRODUCED FROM THE WELL OR FROM THE LEASE OR UNIT ON WHICH THE WELL IS LOCATED FOR 2 CONSECUTIVE YEARS; AND (3) NO PERMITEE OR OWNER CAN BE IDENTIFIED OR LOCATED BY THE DEPARTMENT. ORPHANED WELLS INCLUDE WELLS THAT MAY HAVE BEEN DRILLED FOR PURPOSES OTHER THAN THOSE FOR WHICH A PERMIT IS REQUIRED UNDER THIS ACT IF THE WELL IS A CONDUIT FOR OIL OR SALT WATER INTRUSIONS INTO FRESH WATER ZONES OR ONTO THE SURFACE WHICH MAY BE CAUSED BY OIL AND GAS OPERATIONS. (Ill. Rev. Stat. 1991, ch. 96 1/2, par. 5401)

"Permit"--means the Department's written authorization allowing a well or test hole to be drilled, deepened, converted and/or operated.

"Permitee"--means the person or entity holding the permit and listed on the bond as principal.

"Produced Water"--means water regardless of chloride and total dissolved solids (TDS) content which is produced in conjunction with oil and/or natural gas production and natural gas storage operations.

"Production Casing"--means the string of casing placed in a well and used for the purpose of isolating the production or injection formation.

"Repressure"--means to increase the reservoir pressure by the introduction of gas, air or water or other fluid into the reservoir.

"Rotary Drilling"--means the hydraulic process of drilling a well for oil or gas as such method is commonly used in the industry.

"Shooting"--means the exploding of nitroglycerin or other high explosives in a well hole for the purpose of increasing the production of oil or gas.

"Tank"--means a tank or other receptacle vessel into which oil or water is gathered, produced or stored.

"The Act"--means the provisions of the Illinois Oil and Gas Act (Ill. Rev. Stat. 1989 1991, ch. 96 1/2, pars. 5401 et seq.).

"Undeveloped Limits of a Mine"--means that portion of a mine where the entries have not been driven to the boundaries of the mine property.

"Vacuum"--means pressure which is reduced below the pressure of the atmosphere.



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"Waste-Liquids"--means oil-field--brines,--cut-oil,--bottom-sediments, concentrated-sulphur-water-and-acid-waters;

"Well"--means any drill hole required to be permitted under subsection (2) of Section 6 or Section 12 of the Act.

(Source: Amended at 16 Ill. Reg. 15513, effective September 29, 1992.)

SUBPART E: WELL DRILLING, AIR-GASING-PROCEDURES  
COMPLETION AND WORKOVER REQUIREMENTS

## Section 240.500 Definitions

For the purpose of this Subpart the term:

"Completion Fluids" means liquids that are used to complete or workover a well including saltwater, crude oil, frac fluids, acids and other treatment chemicals.

"Completion Fluid Waste" means completion fluids that are generated from the well during completion activities.

"Drilling Fluid" means any medium used in the drilling of a well such as water, oil based or water based drilling muds, and air or air foam mixtures.

"Drilling Fluid Waste" means drilling fluids, muds and cuttings that are generated from the well during drilling activities.

(Source: Added at 16 Ill. Reg. 15513, effective September 29, 1992.)

Section 240.510 Rotary-Drilling-Procedure-(Repeated) Department Permit Posted

During well drilling, deepening or conversion operations a copy of the permit shall be kept at the well site.

(Source: Section repealed at 15 Ill. Reg. 15493, effective October 10, 1991, new Section added at 16 Ill. Reg. 15513, effective September 29, 1992.)

Section 240.520 Cable--Tool-Drilling-Rules-(Repeated) Drilling Fluid Handling and Storage

a) Cable Tool or Air Rotary Drilling

When drilling with cable tools or air rotary equipment the permittee shall provide at least one (1) sediment pit or above ground

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container into which drill cuttings and drilling fluids shall be deposited.

b) Rotary Drilling with Mud

When drilling with rotary drilling equipment using drilling fluids, the permittee shall provide at least one (1) sediment pit or above ground, portable container into which drill cuttings shall be deposited, and one (1) drilling fluid circulation pit or leak free, above ground container.

c) Drilling Pits

1) Pits used for drill cuttings and drilling fluids shall be constructed with sufficient capacity to contain all drilling fluids within the pits, and maintained in a manner that reasonably prevents against overflow during drilling operations.

2) Sediment pits and drilling fluid circulation pits shall be used only for the temporary storage of drill cuttings and drilling fluids, and shall not be used for the disposal of general oilfield wastes.

(Source: Section repealed at 15 Ill. Reg. 15493, effective October 10, 1991, new Section added at 16 Ill. Reg. 15513, effective September 29, 1992.)

Section 240.530 Slush-and-Mud--Pits-(Repeated) Completion Fluid and Completion Fluid Waste Handling and Storage

When drilling--with-cable-tools,--the-operator-shall-provide-at-least-(1)-one properly-prepared--slush-pit,--into-which--he-must-deposit-mud--and-cuttings. When-drilling-with-rotary-tools,--the-operator-shall-provide-the-necessary-mud circulation-and-reserve-pits.

a) Completion Fluid Handling and Storage Prior to Use

Completion fluids temporarily stored at the well site for use in completion activities shall be stored in a lined completion pit or leak free, above ground container.

b) Completion Fluid Waste Handling and Storage

Completion fluid wastes generated from the well during completion activities shall be collected at the well site in a completion pit, or leak free, above ground container.

c) Completion Pits

1) Pits used for completion fluids and completion fluid wastes



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shall be constructed with sufficient capacity to contain the fluids within the pits, and maintained in a manner that reasonably prevents against overflow during completion activities.

- 2) The sediment pit or the drilling fluid circulation pit used during drilling operations may be used for the collection of completion fluid wastes during completion activities. If either pit is used as a completion pit, drill cuttings and drilling fluids shall first be removed and a dike constructed to prevent completion fluid wastes from entering the other pit.

- 3) Completion pits used to store completion fluids prior to use in the well shall be lined with a liner at least 30 mils in thickness.

- 4) Completion pits shall be used only for the temporary storage of completion fluids and completion fluid wastes in accordance with the requirements of this subsection, and shall not be used for the disposal of general oilfield wastes.

(Source: Section repealed, new Section added at 16 Ill. Reg. 15513, effective September 29, 1992)

## Section 240.540 Drilling and Completion Pit Restoration

- a) Sediment and drilling fluid circulation pits, except sediment pits used as completion pits, shall be filled and leveled within six (6) months after drilling ceases. Drilling fluid wastes may be disposed of by on-site burial or surface application.

- b) Completion pits shall be filled and leveled within six (6) months after completion activities cease. All completion fluid wastes shall be removed from the pit and disposed of in a Class II Injection well (or in above ground tanks or containers pending disposal) prior to restoration.

- c) All drilling and completion pits shall be filled and leveled in a manner that allows the site to be returned to original use with no subsidence or leakage of fluids, and where applicable, with sufficient compaction to support farm machinery.

(Source: Added at 16 Ill. Reg. 15513, effective September 29, 1992)

## Section 240.550 Disposal of General Oilfield Wastes

All general oilfield wastes generated during drilling and completion and workover activities shall be temporarily stored in on-site containers, and

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shall be removed from the site prior to or at the conclusion of the given activity. General oilfield wastes shall not be disposed of through on-site burial, in drilling or completion pits, or through mixing with drilling fluid or completion fluid wastes prior to disposal.

(Source: Added at 16 Ill. Reg. 15513, effective September 29, 1992)

## Section 240.610 Construction Requirements for Production Wells

- a) Surface Casing Requirements for Wells Drilled After the Effective Date of this Section

- 1) Steel surface casing shall be set to a depth of at least one hundred (100) feet, or fifty (50) feet below the base of the fresh water, whichever is deeper.

- 2) Surface casing shall be set under the supervision of a Department Well Inspector and the permittee shall give at least twenty-four (24) hours notice to the Well-Inspector Office for the District in which the well is located prior to setting the surface casing.

- 3) Surface casing shall be cemented in place by circulating cement behind the surface casing from the setting depth of the casing to the surface.

- 4) The cement shall be allowed to set in place until it has developed sufficient strength to allow drilling to resume, but no less than four (4) hours.

- 5) In-lieu-of-surface-casing,--The permittee, upon request and approval from the Department before drilling commences, may utilize one of the following alternative surface casing procedures: circulate--cement--to--the--surface--behind--the production-casing:--in-determining-whether--to--approve--the request,--the--Department-will-evaluate--the-depth-of--the-well, the-depth-of-the-fresh-water-and-the-cementing-procedures:--if approved,--the-production-casing--must-be-cemented-under--the supervision-of-a-Department-Well-Inspector:--

- A) If the unconsolidated material is less than 25 feet thick, no surface casing is required but a cement basket shall be set 50 feet below the base of the freshwater and the production casing either cemented to surface from total depth, or cemented from the cement basket to surface together with the required cement on the bottom of the production casing as specified in subsection (b).



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B) If the unconsolidated material is greater than 25 feet thick, surface casing is required to be set to the top of the bedrock, a cement basket shall be set 50 feet below the base of the freshwater and the production casing shall be either cemented to surface from total depth, or cemented from the cement basket to surface together with the required cement on the bottom of the production casing as specified in subsection (b) below.

C) For wells in which the total depth is less than 250 feet below the base of the freshwater, no surface casing or cement basket is required, but the production casing shall be cemented from total depth to surface.

b) Production Casing Requirements for Wells Drilled After the Effective Date of this Section.

Production casing shall be set and cemented in place by circulating cement behind the production casing from the setting depth of the casing to a minimum of two hundred fifty (250) feet above the shallowest producing interval. The casing shall be set no higher than fifty (50) feet above the top of the uppermost producing interval in an open hole completion.

c) Production Casing Requirements for Existing Wells

1) For all existing wells without production casing:

A) If surface casing was previously set, production casing shall be set and cemented a minimum of two hundred fifty (250) feet in accordance with subsection (b) above.

B) If surface casing was not previously set, production casing shall be set and cemented to surface in accordance with subsection (a)(5) above.

2) Wells drilled prior to the effective date of this Section that contain drive pipe without cement behind the drive pipe will require no further cementing work.

d) Tubing and Packer in Flowing Wells

All wells flowing as a result of an enhanced oil recovery project shall be produced through tubing and packer. The packer shall be set within two hundred (200) feet of the top of the producing interval and within the cemented portion of the production casing.

(Source: Amended at 16 Ill. Reg. 15513, effective September 29, 1992)

## Section 240.630 Operating Requirements

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a) The wellhead shall be maintained in a leak-free condition.

b) All spills of ~~saltwater~~ produced water or oil occurring at the well-site due to a leaking wellhead shall be cleaned up in accordance with Subparts H and I.

c) Wells that have not produced for more than two (2) years shall be temporarily abandoned or plugged in accordance with Subpart K.

d) Casinghead gas, produced in conjunction with oil production, that is not collected for use or sale, shall be flared unless the Department approves an exemption from this requirement. In determining whether to approve an exemption, the Department shall consider the quantity of casinghead gas produced, the topographical and climatological features at the well site, and the proximity of agricultural structures and crops, inhabited structures, public buildings, and public roads and railways.

e) If Hydrogen Sulfide gas (H<sub>2</sub>S) is present in excess of 20 ppm within five (5) feet in any direction of from the wellhead or the end of the flare line, the Department shall specify measures to be taken by the permittee to protect against waste and injury to the public health and safety, which may include the erection of flare lines, the posting of warning signs, and the erection of fencing. The Department may also require the setting of a temporary mechanical or cement plug during any period of time in which the well is not producing or during any period of time necessary to effectuate safety measures. In specifying the measures to be taken by the permittee, the Department shall consider the quantities of H<sub>2</sub>S being emitted, the topographical and climatological features at the well site and the proximity of inhabited structures, public buildings, and public roads and railways.

(Source: Amended at 16 Ill. Reg. 15513, effective September 29, 1992)

## Section 240.640 Reporting Requirements

a) Well Completion Reports

1) Contents

The Well Completion Report shall be completed on a form prescribed by the Department and shall contain:

A) the name and location of the well;

B) information on the construction of the well;

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- C) information on the producing zones and the type of completion treatment performed on each zone; and
- D) initial production rates.

## 2) Newly drilled wells

A Well Completion Report shall be submitted to the Department within thirty (30) days after the conclusion of initial completion activities (i.e., production testing or date of first production).

## 3) Existing wells

A Well Completion Report shall be completed and submitted to the Department for each workover or recompletion of any existing production well which results in a change of the original well construction or zone of production. The Well Completion Report shall be submitted within thirty (30) days after the completion of any such workover or recompletion activity.

## 4) Non-productive Wells (Dry Holes)

A Well Completion Report shall be completed and submitted to the Department for each non-productive well or "dry hole". The Well Completion Report shall be submitted within thirty (30) days after attempted completion of the non-productive well.

## b) Well Drilling Report

- 1) For all wells drilled or deepened after the effective date of this Section, a Well Drilling Report shall be completed by the permittee on a form prescribed by the Department.

2) The Well Drilling Report shall be submitted to the State Geological Survey in Champaign, Illinois within 90 days after drilling ceases and shall contain:

- A) the name and location of the well;
- B) drilling information;
- C) the geologic names and depths of the formations encountered in drilling the well;
- D) the results of all drill stem tests; and
- E) a copy of the drilling time or geolograph record if a geophysical log was not run unless the well was drilled with air rotary tools.

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- 3) A Well Drilling Report is not required for well conversion not entailing deepening of the well.

## c) Geophysical Logs

A copy of all wire line or geophysical logs run on a well shall be submitted to the State Geological Survey within 90 days after drilling ceases.

## d) Drill Cuttings

- 1) Notification and Collection of Drill Cuttings

The Department shall notify the permittee when cuttings are required to be collected. Drill cuttings shall be collected for each run drilled in cable tool wells and each ten feet (10') of distance drilled in rotary or air drilled wells. The permittee shall obtain containers for the cuttings, and deliver the cuttings to the Illinois State Geological Survey in Champaign, Illinois.

## 2) When Drill Cuttings Required

The Department will require drill cuttings for a newly permitted well when drill cuttings have not previously been submitted for any well within one-half (1/2) mile of the newly permitted well. If the newly permitted well is drilled to a depth greater than any other well within one-half (1/2) mile for which drill cuttings were submitted, drill cuttings will be required only from the lowest depth previously submitted to the total depth of the newly permitted well.

(Source: Amended at 16 Ill. Reg. 15513, effective September 29, 1992.)

Section 240.710 Surface and Production Casing Requirements for Newly Drilled Class II UIC Wells Drilled After the Effective Date of this Section

## a) Surface Casing

- 1) Steel surface casing shall be set to a depth of at least one hundred (100) feet, or fifty (50) feet below the base of the fresh water zone, whichever is deeper.
- 2) Surface casing shall be set under the supervision of a Department Well Inspector and the permittee shall give at least twenty-four (24) hours notice to the Well-Inspector Office for the District in which the well is located prior to setting the surface casing.
- 3) Surface casing shall be cemented in place by circulating cement



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behind the surface casing from the setting depth of the casing to the surface.

- 4) The cement shall be allowed to set in place until it has developed sufficient strength to allow drilling to resume, but no less than four (4) hours.
- 5) ~~In lieu of surface casing, the permittee, upon request and approval from the Department before drilling commences, may utilize one of the following alternative surface casing procedures: circulate cement to the surface behind the production casing. In determining whether to approve the request, the Department will evaluate the depth of the well, the depth of the fresh water and the cementing procedures. If approved, the production casing must be cemented under the supervision of a Department Well Inspector.~~

A) If the unconsolidated material is less than 25 feet thick, no surface casing is required but a cement basket shall be set 50 feet below the base of the freshwater and the production casing either cemented to surface from total depth, or cemented from the cement basket to surface together with the required cement on the bottom of the production casing as specified in subsection (b).

B) If the unconsolidated material is greater than 25 feet thick, surface casing is required to be set to the top of the bedrock, a cement basket shall be set 50 feet below the base of the freshwater and the production casing shall be either cemented to surface from total depth, or cemented from the cement basket to surface together with the required cement on the bottom of the production casing as specified in subsection (b).

C) For wells in which the total depth is less than 250 feet below the base of the freshwater, no surface casing or cement basket is required, but the production casing shall be cemented from total depth to surface.

- b) Production Casing  
Production casing shall be set and cemented in place by circulating cement behind the production casing from the setting depth of the casing to a minimum of two hundred fifty (250) feet above the shallowest permitted injection interval. The casing shall be set no higher than fifty (50) feet above the top of the uppermost permitted injection interval in an open hole completion.

(Source: Amended at 16 Ill. Reg. 15513, effective September 29, 1992.)

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## Section 240.760 Internal Mechanical Integrity Testing for Class II UIC Wells

- a) The permittee shall contact the Office Well-Inspector for the District county in which the well is located at least twenty-four (24) hours prior to the initial setting or any resetting of the packer in a Class II UIC well to enable the inspector to be present when the packer is set. Setting of the packer must be reported on a form prescribed by the Department.

- b) An internal mechanical integrity test shall be performed; in the presence of a Well-Inspector:

- 1) prior to initial injection into a newly permitted Class II UIC well;
- 2) prior to initial injection into a Class II UIC well after a change to a new, permitted injection zone;
- 3) prior to resuming injection into any Class II UIC well after any work over of the well involving the resetting or movement of a packer;

- 4) prior to initial injection into a Class II UIC well after the well has been reactivated from temporary abandonment status;

- 5) whenever the Department has reason to believe, based upon well records or field observation, and subject to the provisions of Sections 240.140, 240.150 and 240.170 of this Part, that the Class II UIC well may be leaking or improperly constructed; and

- 6) at least once every five (5) years measured from the date of the last successful test.

The permittee shall contact the Office Well-Inspector for the District county in which the well is located at least 24 hours prior to conducting an internal mechanical integrity test except when the Department schedules the test under Subsection (b)(5) above. If the Department authorizes the permittee to conduct an internal mechanical integrity test without the presence of a well inspector, the permittee shall report the test results on a form prescribed by the Department.

- c) All Class II UIC wells not subjected to an internal mechanical integrity pressure test as of September 1, 1990 the effective date of this Section shall be tested by September 1, 1995, unless temporarily abandoned in accordance with Section 240.1130 within 5 years of the effective date of this Section. During the first four



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(4) years. Each permittee shall conduct an internal mechanical integrity test each year commencing September 1 on at least 20% of the permittee's total Class II UIC wells of record as of September 1 as reported to each permittee by the Department. During the fifth year each permittee shall conduct an internal mechanical integrity test on all remaining untested Class II UIC wells that are of record September 1, 1994 or are acquired during the year ending September 1, 1995. Class II UIC wells sold or acquired during the first four years shall not affect the total number of wells from which the 20% testing requirement is derived for that year. Wells tested during the year in which they are transferred shall count toward the 20% testing requirement of the permittee who conducted the test. Class II UIC wells temporarily abandoned, converted to production wells or plugged in accordance with the provisions of Subpart K during any year shall count toward the 20% testing requirement.

## d) Internal Mechanical Integrity (Part I):

The following pressure test shall be performed on Class II UIC Wells to establish the internal mechanical integrity of the tubing, casing and packer of the well.

## 1) Pressure Test

The casing-tubing annulus above the packer shall be tested under the supervision of the Department at a minimum pressure differential between the tubing and the annulus of 50 PSIG for a period of 30 minutes. In addition, the casing-tubing annulus starting test pressure shall not be less than 300 PSIG and may vary no more than five (5) percent of the starting test pressure during the test. The well may be operating or shut in during the test.

## 2) Monitoring Test

For those wells which are structurally unable to withstand the pressure test specified in subsection (d)(1) above because the packer would unseat, but not because the well is improperly constructed, the permittee may make application to perform a monitoring test in lieu of the pressure test on forms prescribed by the Department. An approved monitoring test will consist of pressuring the annulus to a specified pressure no less than 50 PSIG and monitoring the positive annular pressure over a specified period of time. In determining whether to approve a monitoring test, and in establishing the test parameters (i.e., positive annulus pressure, tubing injection pressure, injection rate, monitoring method and length and frequency of monitoring), the Department shall consider well construction including:

A) the volume of the casing-tubing annulus;

B) depth of packer;

C) pressure below the packer; and

D) type of tubing and packer.

e) Any Class II UIC well which fails an internal mechanical integrity test, or on which an internal mechanical integrity test has not been performed when required by subsection (c) above, shall be shut in until the well is plugged or until remedial work is commenced and completed. If the necessary work has not been completed and an internal mechanical integrity test is successfully completed within ninety (90) days (or within any greater length of time established by the Department due to weather conditions), the well shall be temporarily abandoned in accordance with Section 240.1130(d) of this Part.

(Source: Amended at 16 Ill. Reg. 15513, effective September 29, 1992.)

## Section 240.780 Reporting Requirements for Class II UIC Wells

## a) Well Completion Reports

## 1) Contents

The Well Completion Report shall be completed on a form prescribed by the Department and shall contain:

- A) the name and location of the well;
- B) information on the construction of the well;
- C) information on the injection zones and the type of completion treatment performed on each zone; and
- D) injection rates and pressures.

## 2) Newly drilled or converted wells

A Well Completion Report shall be submitted to the Department within thirty (30) days after the conclusion of initial completion activities (i.e., setting of tubing and packer).

## 3) Existing wells

A Well Completion Report shall be completed and submitted to the Department for each workover or recompletion of any existing injection well. A workover or recompletion includes resetting the packer, remedial cementing, setting a casing



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liner, and recompletion into an injection zone not previously used for injection in the well. The Well Completion Report shall be submitted within thirty (30) days after the completion of any such workover or recompletion activity.

## b) Well Drilling Report

- 1) For all wells drilled or deepened after the effective date of this Section, a Well Drilling Report shall be completed by the permittee on a form prescribed by the Department.
- 2) The Well Drilling Report shall be submitted to the State Geological Survey within 90 days after drilling ceases and shall contain:

- A) the name and location of the well;
- B) drilling information;
- C) the geologic names and depths of the formations encountered in drilling the well;
- D) the results of all drill stem tests; and
- E) a copy of the drilling time or geolograph record if a geophysical log was not run, unless the well is drilled with air rotary tools.

- 3) Well Drilling Reports are not required for well conversions not entailing a deepening of the well.

## c) Geophysical Logs

A copy of all wire line or geophysical logs run on the well shall be submitted to the State Geological Survey within 90 days after drilling ceases, or in the case of a conversion, after the completion of conversion activities.

## d) Drill Cuttings

- 1) Notification and Collection of Drill Cuttings  
The Department shall notify the permittee when cuttings are required to be collected. Drill cuttings shall be collected for each run drilled in cable tool wells and each ten (10) feet of distance drilled in rotary or air drilled wells. The permittee shall obtain containers for the cuttings, and deliver the cuttings to the Illinois State Geological Survey in Champaign, Illinois.

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- 2) When Drill Cuttings Required  
Drill cuttings shall be submitted for each well when drill cuttings have not previously been submitted from any well within one-half (1/2) mile of the newly permitted well. If the newly permitted well is drilled to a depth greater than any other well within one-half (1/2) mile, drill cuttings shall be requested from the approximate previously submitted depth to the total depth in the newly permitted well.

## e) Annual Well Status Report

The permittee of each Class II UIC well shall file an Annual Well Status Report on forms prescribed by the Department. The report shall be filed by May 1 of each year for the preceding calendar year, and shall include:

- 1) the name and location of the well;
- 2) the names of all injection intervals;
- 3) the setting depth of the packer; and
- 4) the average monthly injection rates and pressures.

## f) Annual Enhanced Oil Recovery Project Report

The operator of an enhanced oil recovery project shall complete an annual project report on forms prescribed by the Department, and submit the report to the State Geological Survey by May 1 of each year.

(Source: Amended at 16 Ill. Reg. 15513, effective September 29, 1992.)

## Section 240.1110 Definitions

For the purpose of this Subpart the term:

"Cased Well" means a well in which production casing has been set.

"Cement" means a class A neat cement with a minimum weight of fifteen and six tenths (15.6) pounds per gallon, unless the cement contains additives which improve the ability of the cement to provide necessary protection and which maintains a minimum compressive strength of 500 PSI after 24 72 hours.

"Circulation Method" means placement of cement used in plugging a well by circulating cement through a pipe set at a specified depth in the well.

"Dump Bailer Method" means placement of cement used in plugging a



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well by using a dump bailer on a wire line.

"Mechanical Plug" means a cast iron bridge plug or drillable or retrievable plug.

"Mud" means a drilling mud with a minimum Marsh Funnel viscosity of forty-five (45) seconds. Mud may contain water (fresh or brine), Bentonite, Attapulgite or other additives if they do not reduce the viscosity below forty-five (45) seconds.

"Plugging Fluid Waste" means plugging fluids, including cement, that are generated from the well during plugging activities.

"Uncased Well" means a well in which production casing has not been set.

(Source: Amended at 16 Ill. Reg. 15513, effective September 29, 1992.)

Section 240.1130 Plugging or Temporary Abandonment of Abandoned or Inactive Wells

a) Any production well which has ceased operation for a period of twenty four (24) months as of or after the effective date of this part shall be plugged in accordance with Section 240.1140 of this Part unless the well has been temporarily abandoned in accordance with subsection (d) below.

b) Any Class II UIC well(s) without tubing and packer shall be plugged in accordance with Section 240.1140 of this Part unless the well has been temporarily abandoned in accordance with subsection (d) below.

c) All Class II UIC well(s) equipped with tubing and packer shall be tested in accordance with Section 240.655 240.760 of this Part or temporarily abandoned in accordance with subsection (d) below.

d) The permittee may request temporary abandonment status by making written application on forms provided by the Department. The Department shall place the well on temporary abandonment status if the well meets the following conditions (which shall be continuing requirements):

1) The well shall have proper bond in effect in accordance with the Act.

2) The well shall have an intact, leak free wellhead or be capped with a valve, and configured to monitor casing or annular pressure.

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3) If the well is an injection well, all injection lines shall be disconnected at the well.

4) The wellhead shall be above ground level.

5) The fluid level is no higher than one hundred (100) feet below the base of the fresh water zones as evidenced by an annual fluid level test conducted by the permittee after notice to and under the supervision of the Department, using acoustical or wire line measuring methods. If the Department authorizes the permittee to conduct an annual fluid level test without the presence of a well inspector, the permittee shall report the annual fluid level test on a form prescribed by the Department. The fluid level test shall be conducted ~~reported to the~~ Department annually during the period of temporary abandonment, unless the permittee elects to satisfy the requirements of subsection (6) (B) or (C) below.

6) If the fluid level, as tested, is higher than one hundred (100) feet below the base of the fresh water zones, the permittee, under the supervision of the Department, shall:

A) set a mechanical bridge plug within 100 200 feet above the perforated or open hole interval in the cemented portion of the casing, but no less than 100 feet below the base of the fresh water, remove any fluid to a level at least 100 feet below the base of the fresh water zone, and monitor the fluid level annually in accordance with subsection (5) above; or

B) set a mechanical bridge plug within 100 200 feet above the perforated or open hole interval in the cemented portion of the casing, but no less than 100 feet below the base of the fresh water, and pressure test the casing by maintaining a pressure of 300 PSIG (which may vary no more than 5%) for a period of 30 minutes at least once every five (5) years during any period of temporary abandonment; or

C) install tubing and set a packer in accordance with the requirements of Section 240.740, ~~above the perforated or open hole interval in the cemented portion of the casing~~ and conduct and pass an internal mechanical integrity test in accordance with Section 240.655 240.760 of this Part.

e) Temporary abandonment status shall be granted for a five (5) year period. After the expiration of the five (5) year period, temporary abandonment status shall be granted on an annual basis. Temporary



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abandonment status shall not be extended or renewed for a Class II UIC well unless the well is tested in accordance with Section 240.760 of this Part.

- f) A temporarily abandoned well shall not be operated until it is reactivated by notifying the Department on a form prescribed by the Department. In addition, if the well is an injection or disposal well, the well shall not be reactivated until tubing and packer is set and an internal mechanical integrity test is passed in accordance with Section 240.655 240.760 of this Part.

(Source: Amended at 16 Ill. Reg. 15513, effective September 29, 1992.)

## Section 240.1150 Specific Plugging Procedures

## a) Circulation of Cement

Cement may be circulated from total depth or plugged back total depth to surface in lieu of the placing of plugs specified in subsection (b), (c) and (d) below, provided both the workable coal and the fresh water zones have been protected by cement in direct contact with both strata.

## b) Producing Interval Plug

## 1) Cased Wells

- A) When using the Circulation Method, a cement plug shall be placed opposite each perforated interval, and each interval that is exposed after removal of production casing which has produced oil or gas or into which injection is occurring within 1/4 mile radius of the well, and extend fifty (50) feet below the deepest perforated interval, total depth, or plugged back total depth, and extend to fifty (50) feet above the shallowest perforated interval or fifty (50) feet above the open hole interval.

- B) When using the Dump Bailer Method, a mechanical plug shall be set immediately above each perforated interval, and each interval that is exposed after removal of production casing which has produced oil or gas or into which injection is occurring within 1/4 mile radius of the well, and a minimum of ten (10) feet of cement placed on top of each mechanical plug.

## 2) Uncased Wells

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Wells shall be filled with mud before commencement of plugging operations and a cement plug shall be placed opposite any exposed interval which has produced oil or gas or into which injection is occurring within 1/4 mile radius of the well. The cement plug shall extend from 50 feet below the exposed zone to fifty (50) feet above the zone. The cement plug may be placed using either the circulation or dump bailer method.

- c) Coal plugs - A plug shall be placed across each workable coal seam in accordance with Section 240.1151 of this Part.
- d) Surface Plug - Surface casing shall not be pulled from any well and a cement plug shall be placed across the fresh water zones using either the circulation or dump bailer method as follows:

## 1) Wells with surface casing

- A) If surface casing extends fifty (50) feet below the fresh water zones with cement circulated to the surface, a cement plug shall be placed in direct physical contact with the strata and surface casing from twenty five (25) feet below the setting depth of the surface casing and extend to the surface. If production casing is left in the hole and there is no cement behind the production casing, cement shall be placed inside and outside of the production casing from twenty five (25) feet below the setting depth of the surface casing and extend to the surface. Cement shall be placed outside of the production casing by perforating the casing 25 feet below the setting depth of the surface casing and squeezing cement behind the production casing to the surface, or by inserting tubing down the backside of the production casing to a depth of 25 feet below the setting depth of the surface casing and circulating cement to the surface.

- B) If surface casing does not extend fifty (50) feet below the base of the fresh water zone, a continuous cement plug shall be placed in direct physical contact with strata from a depth of fifty (50) feet below the base of the fresh water zone to the surface. If production casing is left in the hole and there is no cement behind the production casing, cement shall be placed inside and outside of the production casing from fifty (50) feet below the base of the fresh water zone and extend to the surface. Cement shall be placed outside of the production casing by perforating the casing 50 feet below the base of the fresh water zone and squeezing cement behind the production casing to the surface, or by inserting tubing down the



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backside of the production casing to a depth of 50 feet below the base of the fresh water and circulating cement to the surface.

- 2) Wells without a surface casing - A cement plug shall be placed from a depth of fifty (50) feet below the base of the fresh water zones to the surface.

e) Plugging Requirements for Wells with Uncemented Casings.

When the Department determines that the plugging procedures set forth in this Section cannot be followed due to well construction and the lack of cement behind the casings, the Department will authorize the following alternative plugging procedures:

- 1) the production casings shall be removed from a point at least fifty (50) feet below the base of the fresh water, the hole filled with mud, and a Surface Plug set in accordance with subsection (d) above;
- 2) if the production casings cannot be removed to a depth at least fifty (50) feet below the base of the fresh water, all casings contained within the outermost casing shall be removed to a depth at least fifty (50) feet below the base of the fresh water, and the outermost casing in direct contact with the borehole wall shall be perforated, ripped or parted at an interval 50 feet below the base of the fresh water to permit cement to infiltrate the annulus between the casing and the borehole wall. The hole shall be filled with mud, the perforated, ripped or parted interval shall be squeezed with cement, and a Surface Plug must be set in accordance with subsection (d) above.

- 3) if the well cannot retain mud because the producing interval takes fluid, the producing interval shall be covered with sand, crushed rock or other similar material to provide an anchor on which to place the column of mud, and the hole shall be filled with mud and a surface plug set in accordance with subsections (e)(1) or (2) above.

(Source: Amended at 16 Ill. Reg. 15513, effective September 29, 1992.)

Section 240.1160 Converting--to-Water-Well--(Repealed) Plugging Fluid Handling and Storage

- a) When plugging a well, the permittee shall provide at least one (1) pit or leak free, above ground, portable container into which plugging fluid wastes shall be deposited.

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- b) Plugging pits shall be constructed with sufficient capacity to contain all plugging fluid wastes within the pits, and maintained in a manner that reasonably prevents against overflow during plugging operations. Plugging pits shall be used only for the temporary storage of plugging fluid wastes, and shall not be used for the disposal of general oilfield wastes.

- c) All general oilfield wastes generated during plugging activities shall be temporarily stored in on-site containers, and shall be removed from the site at the conclusion of plugging activity. General oilfield wastes shall not be disposed of through on-site burial or in plugging pits.

(Source: Section repealed at 14 Ill. Reg. 13620, effective August 8, 1990, new Section added at 16 Ill. Reg. 15513, effective September 29, 1992.)

Section 240.1170 Plugging Fluid Waste Disposal and Well Site Restoration

Within six (6) months after a well is plugged: the well-site shall be cleared of

- a) The free liquid fraction of the plugging fluid waste, consisting of produced water and crude oil, shall be removed from the pit and disposed of in a Class II Injection well (or in above ground tanks or containers pending disposal) prior to restoration. The remaining plugging fluid wastes shall be disposed of by on-site burial.

- b) All plugging pits shall be filled and leveled in a manner that allows the site to be returned to original use with no subsidence or leakage of fluids, and where applicable, with sufficient compaction to support farm machinery.

- c) All drilling and production equipment, waste-oil, rock or concrete bases, machinery, and oil-field equipment debris shall be removed from the site.

- d) Casing shall be cut off at least four (4) feet below the surface of the ground, and a steel plate welded on the casing or a mushroomed cap of cement approximately one (1) foot in thickness shall be placed over the casing so that the top of the cap is at least three (3) feet below ground level.

- e) Any drilling rat holes shall be filled with cement to no lower than four (4) feet and no higher than three (3) feet below ground level.

- f) The well site and all excavations, holes and pits shall be filled and the surface leveled to original-grade.



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(Source: Amended at 16 Ill. Reg. 15513, effective September 29, 1992.)

## Section 240.1180 Lease Restoration

Within six (6) months after the last well on a lease has been plugged, all excavations and pits shall be filled and leveled to original grade. Subject to an existing right of way, tank batteries and other production equipment, rock and concrete pads, oil field debris, injection and flow lines at or above the surface, and electric power lines and poles extending on or above the surface, shall be removed. Containment dikes shall be removed if constructed with other than soil and leveled to original grade.

## Section 240.1430 Responsibilities of Current Permittee

The current permittee shall notify the Department of the assignment, transfer or sale, on a form prescribed by the Department. A separate form shall be completed for each lease or other unit assigned, transferred or sold. The notification shall be signed, under penalty of perjury, by the current permittee and by the new permittee, or their authorized representatives, and shall include:

- a) the names and addresses of the current permittee and the new permittee;
- b) the effective date of assignment, transfer or sale;
- c) copies of the lease assignment or other documents evidencing the assignment, transfer or sale to the new permittee of the right to drill and operate the well or wells on the lands in question;
- d) the name, location, and permit number of each well all wells on the lease or other unit assigned, transferred or sold for which a permit has been issued; and
- e) the location of any wells on the lease or other unit assigned, transferred or sold known to the current permittee for which no permit has previously been issued.

(Source: Amended at 16 Ill. Reg. 15513, effective September 29, 1992)

## Section 240.1450 Authority of Persons Signing Notification

- a) The notification shall be signed by the current permittee and the new permittee, or by individuals authorized to sign for them.
- b) If the current permittee or new permittee is an individual, the notification shall be signed by the individual. If the current

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permittee or new permittee is a partnership, the notification shall be signed by a general partner. If the current permittee or new permittee is a corporation, the notification shall be signed by an officer of the corporation.

- c) In lieu of the signatures of the current and new permittees or such authorized persons, the notification may be signed by a person having a power of attorney to sign for a permittee or authorized person, provided a certified copy of the power of attorney is on file with the Department or accompanies the notification.

- d) The new permittee may also submit a court order or other documents evidencing his ownership of the lease or unit to be transferred in the event that the current permittee cannot be located or refuses to sign the notification of transfer form.

- e) The current permittee may also submit a court order or other documents evidencing his transfer of the ownership of the lease or unit in the event the new permittee refuses to sign the notification of transfer form.

(Source: Amended at 16 Ill. Reg. 15513, effective September 29, 1992)

## Section 240.1460 Other Conditions for and Effect of Transfer

- a) No permit shall be transferred to a new permittee:
  - 1) who is delinquent in the payment of fees assessed under Section 19.7 of the Act;
  - 2) on account of whom any amounts have been obligated from the Plugging and Restoration Fund that have not been reimbursed; or
  - 3) against whom the Department has issued a final administrative decision that has not been abated or satisfied.
- b) When the requirements of this Subpart have been satisfied, and subject to subsections (d) and (e) below, the Department shall transfer, and, where applicable, issue the permits for all wells on the lease or other unit assigned, transferred or sold to the new permittee who shall become responsible for all regulatory requirements relative to the well all wells on the lease or other unit.
- c) If any well, or any lease or other unit associated with the well, is in violation of the Act or rules at the time of the transfer to the new permittee, the transfer shall be conditioned upon the abatement of the violation within the time specified by the Department.



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- d) The transfer of a permit pursuant to this Subpart shall not affect the rights of the Department, or any obligation or duty of the current permittee arising under the Act and rules. Any cause of action accruing or any action or proceeding had or commenced, whether administrative, civil or criminal, may be instituted or continued without regard to the transfer of the permit in accordance with this Subpart.
- e) A current or new permittee may request a hearing to challenge a permit transfer if such hearing is requested in writing within fifteen (15) days after the permit transfer is mailed. If no hearing is requested in this time period, the permit transfer shall be a final administrative decision of the Department. If a hearing is requested by the current or new permittee, the hearing shall be held within fifteen (15) days of the receipt of the request for hearing.
- f) At the permit transfer hearing, the Department shall present evidence in support of its determination under subsection (b) above. Both the current and the new permittee may present evidence contesting the Department's determination under subsection (b) above. The hearing officer may administer oaths and affirmations, subpoena witnesses and written or printed materials, compel attendance of witnesses or production of those materials, compel discovery, and take evidence.
- g) Within thirty (30) days after the close of the record for the permit transfer hearing, the hearing officer shall issue recommended findings of fact, recommended conclusions of law and recommendations as to the disposition of the case.

(Source: Amended at 16 Ill. Reg. 15513, effective September 29, 1992)

ILLINOIS REGISTER  
DEPARTMENT OF PROFESSIONAL REGULATION  
NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Illinois Professional Land Surveyor Act of 1989
- 2) Code Citation: 68 Ill. Adm. Code 1270
- 3) Section Numbers: Adopted Action:  
1270.20 Amendment
- 4) Statutory Authority: Ill. Rev. Stat. 1991, ch. 111, pars. 3256, 3261 and 3262.
- 5) Effective Date of Amendments: September 28, 1992
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Do these Amendments contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: September 25, 1992
- 9) Date Notice of Proposal Published in Illinois Register: July 10, 1992, at 16 Ill. Reg. 10863
- 10) Has ICAR issued a Statement of Objections to these Rules? No
- 11) Difference(s) between proposal and final version:  
In response to comments by the Administrative Code Division, two changes were made in the Table of Contents: 1270.40 "Discrimination (Repealed)" was changed to "Restoration" and "1270.45 Restoration" was deleted to bring the Table of Contents into agreement with the text on file.
- 12) Have all the changes agreed upon by the Agency and ICAR been made as indicated in the agreement letter issued by ICAR? Yes
- 13) Will these Amendments replace Emergency Amendments currently in effect?  
No
- 14) Are there any Amendments pending on this Part? No
- 15) Summary and Purpose of Amendments: The National Council of Examiners for Engineering and Surveying (NCEES) has eliminated the Public Domain Examination for land surveyors and has incorporated the questions into the 6-hour Principles and Practice of Land Surveying Examination. This rulemaking specifies that applicants who have not passed the Public Domain Examination shall be required to take and pass the 6-hour Principles and Practice of Land Surveying Examination previously administered concurrently with the Public Domain Examination.



DEPARTMENT OF PROFESSIONAL REGULATION  
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TITLE 68: PROFESSIONS AND OCCUPATIONS  
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION  
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1270  
ILLINOIS PROFESSIONAL LAND SURVEYOR ACT OF 1989

Section 1270.5	Application for Licensure as a Professional Land Surveyor-in-Training by Examination
1270.10	Applications for Licensure as a Professional Land Surveyor by Examination
1270.13	Experience
1270.15	Definition of Related Science
1270.20	Examinations
1270.30	Endorsement
1270.35	Inactive Status
1270.40	Restoration
1270.45	Corporations and Partnerships
1270.50	Renewals
1270.60	Granting Variances

**AUTHORITY:** Implementing the Illinois Professional Land Surveyor Act of 1989 (Ill. Rev. Stat. 1991, ch. 111, par. 3251 et seq.) and authorized by Section 60(7) of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1991, ch. 127, par. 60(7)).

**SOURCE:** Rules and Regulations Promulgated for the Administration of the Illinois Land Surveyors Act, effective April 27, 1967; 2 Ill. Reg. No. 50, page 64, effective December 11, 1978; codified at 5 Ill. Reg. 11039, 5 Ill. Reg. 14171, effective December 3, 1981; emergency amendment at 6 Ill. Reg. 916, effective January 6, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 7448, effective June 15, 1982; emergency amendment at 8 Ill. Reg. 5365, effective April 12, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 15485, effective August 10, 1984; amended at 11 Ill. Reg. 1615, effective January 6, 1987; amended at 11 Ill. Reg. 4763, effective March 10, 1987; recodified from Chapter I, 68 Ill. Adm. Code 270 (Department of Registration and Education) to Chapter VII, 68 Ill. Adm. Code 1270 (Department of Professional Regulation) pursuant to P.A. 85-225, effective January 1, 1988, at 12 Ill. Reg. 2950; amended at 15 Ill. Reg. 5258, effective April 2, 1991; amended at 16 Ill. Reg. 15548, effective September 28, 1992.

Section 1270.20 Examinations

- a) An applicant for licensure as a Professional Land Surveyor-in-Training shall pass the National Council of Examiners for Engineering and Surveying (NCEES) Fundamentals of Land Surveying Examination.

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- 16) Information and questions regarding these Adopted Amendments shall be directed to:

Department of Professional Regulation  
Attention: Jean Courtney  
320 West Washington, 3rd Floor  
Springfield, Illinois 62786  
217/785-0800

The full text of the Adopted Amendments begins on the next page.



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- b) An applicant for licensure as a Professional Land Surveyor who is licensed as a Professional Land Surveyor-in-Training shall pass the following examinations:

- 1) NCEES Principles and Practice of Land Surveying Examination; and
- 2) ~~NCEES--Public--Domain--(Jurisdictional--Principles--and--Practice) examination; and~~

- 2) Illinois Jurisdictional Examination.

- c) An applicant for licensure as a Professional Land Surveyor who had originally applied prior to January 1, 1986, who is not licensed as a Professional Land Surveyor-in-Training shall pass the following examinations:

- 1) NCEES Fundamentals of Land Surveying Examination;
- 2) NCEES Principles and Practice of Land Surveying Examination; and
- 3) ~~NCEES--Public--Domain--(Jurisdictional--Principles--and--Practice) examination; and~~

- 4) Illinois Jurisdictional Examination.

- d) Any applicant for licensure as a Professional Land Surveyor who did not pass the NCEES Public Domain examination before it became part of the NCEES Principles and Practice of Land Surveying Examination, effective May 1, 1992, shall be required to take and pass the 6-hour Principles and Practice of Land Surveying Examination, even if he/she had passed the 4-hour Principles and Practice Examination previously administered concurrently with the Public Domain exam.

- e) In order to pass the examination(s) an applicant shall achieve the following:

- 1) A score of 70 or greater on the NCEES Fundamentals of Land Surveying Examination;
- 2) A score of 70 or greater on the NCEES Principles and Practice of Land Surveying Examination; and
- 3) ~~a score of 70 or greater on the NCEES Public Domain (Jurisdictional Principles and Practice) examination; and~~

- 4) A score of 70 or greater on the Illinois Jurisdictional Examination.

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- f) The Illinois Jurisdictional Examination shall include, but not be limited to, the following areas:

- 1) Local History;
- 2) Jurisdictional Standards and Ethics (knowledge of prevailing professional standards and ethics specific to Illinois);
- 3) Jurisdictional Legal Precedent and Principles (knowledge of legal principles and requirements specific to Illinois);
- 4) Jurisdictional Field Techniques (knowledge of field research techniques specific to Illinois); and
- 5) Jurisdictional Record Sources (knowledge of sources of records and information specific to Illinois).

- g) The Department shall not use any of the subject area scores from the parts of previous state constructed examinations for the purpose of deriving the required passing score for any examination required by this Section.

- h) Retake of examination.

- 1) Applicants who obtain a score of less than 70 on either the NCEES Fundamentals of Land Surveying Examination, the NCEES Principles and Practice of Land Surveying Examination, ~~the NCEES--Public Domain (Jurisdictional Principles and Practice) examination;~~ or the Illinois Jurisdictional examination will be required to retake only the examination(s) failed.

- 2) If an applicant neglects, fails, or refuses to take an examination for registration under this Act within 3 years after filing his application, the application fee shall be forfeited to the Department and the application denied. However, the applicant may thereafter make a new application for examination, accompanied by the required fee (Section 11 of the Act). New applications shall include proof of meeting the qualifications for examination in effect at the time of such new application with the exception provided in subsection (3).

- 3) Scores from examinations already passed under a previous application shall be carried over and applied to subsequent applications.

(Source: Amended at 16 Ill. Reg. 15548, effective September 28, 1992.)



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- 1) Heading of the Part: The Professional Engineering Practice Act of 1989
- 2) Code Citation: 68 Ill. Adm. Code 1380
- 3) Section Numbers: Adopted Action:  
1380.280 Amendment  
1380.300 Amendment
- 4) Statutory Authority: Ill. Rev. Stat. 1991, ch. 111, pars. 5205, 5214, 5219 and 5224.
- 5) Effective Date of Amendments: September 28, 1992
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Do these Amendments contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: September 24, 1992
- 9) Date Notice of Proposal Published in Illinois Register: June 19, 1992, at 16 Ill. Reg. 9385.
- 10) Has ICAR issued a Statement of Objections to these amendments? No
- 11) Difference(s) between proposal and final version:  
In response to comments from the Administrative Code Division, the following technical changes were made:  
In SOURCE, the entry for December 28, 1990, was changed from "14 Ill. Reg." to "15 Ill. Reg."  
In Section 1380.280(a)(6), "above" was inserted following the reference to subsections (a)(2), (3) and (5).  
Section "1380.280(c)" was changed to "1380.280 (b)".
- 12) Have all the changes agreed upon by the Agency and ICAR been made as indicated in the agreement letter issued by ICAR? Yes.
- 13) Will these Amendments replace an Emergency Amendment currently in effect?  
No
- 14) Are there any Amendments pending on this Part? No

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- 15) Summary and Purpose of Amendments: The rules are being amended to remove a possible conflict with The Professional Engineering Practice Act of 1989. Section 14 of the Act says the use of a professional engineer's seal on technical submissions constitutes a representation by the professional engineer that the work was prepared by or under the personal supervision of the professional engineer. References to licensees sealing designs "reviewed" by them were deleted from Section 1380.300(a)(2) and (b)(2) of the rules.  
  
Section 1380.280 was revised to require all applicants for licensure by endorsement to include a complete work history, on forms provided by the Department, with their applications.
- 16) Information and questions regarding this amended part shall be directed to:  
  
Department of Professional Regulation  
Attention: Jean Courtney  
320 West Washington, 3rd Floor  
Springfield, Illinois 62786  
217/785-0800

The full text of the Adopted Amendments begins on the next page:



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TITLE 68: PROFESSIONS AND OCCUPATIONS  
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION  
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

## PART 1380

## THE PROFESSIONAL ENGINEERING PRACTICE ACT OF 1989

## Section

- 1380.210 Approved Engineering Program
- 1380.220 Definition of Degree in Basic Engineering or Related Science
- 1380.230 Approved Experience
- 1380.240 Application for Enrollment as an Engineer Intern by Examination
- 1380.250 Application for Licensure as a Professional Engineer by Examination
- 1380.260 Examination
- 1380.270 Restoration
- 1380.280 Endorsement
- 1380.285 Inactive Status
- 1380.290 Corporations and Partnerships
- 1380.300 Standards of Professional Conduct
- 1380.310 Renewals
- 1380.320 Granting Variances

1380. Appendix A Significant Dates for the Administration of Section 19 of the Act -  
Endorsement

**AUTHORITY:** Implementing The Professional Engineering Practice Act of 1989 (Ill. Rev. Stat. 1989 1991, ch. 111, par. 5201 et seq.) and authorized by Section 60(7) of The Civil Administrative Code of Illinois (Ill. Rev. Stat. 1989 1991, ch. 127 par. 60(7)).

**SOURCE:** Rules and Regulations Promulgated for the Administration of the Illinois Professional Engineering Act, effective March 10, 1976; codified at 5 Ill. Reg. 11055; 5 Ill. Reg. 14171, effective December 3, 1981; emergency amendment at 6 Ill. Reg. 916, effective January 6, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 7448, effective June 15, 1982; repealed at 9 Ill. Reg. 10038, effective June 18, 1985; new Part adopted at 9 Ill. Reg. 10040, effective June 18, 1985; amended at 10 Ill. Reg. 19507, effective November 5, 1986; amended at 11 Ill. Reg. 8767, effective April 20, 1987; recodified from Chapter I, 68 Ill. Adm. Code 380 (Department of Registration and Education) to Chapter VII, 68 Ill. Adm. Code 1380 (Department of Professional Regulation) pursuant to P.A. 85-225, effective January 1, 1988, at 12 Ill. Reg. 2942; amended at 145 Ill. Reg. 247, effective December 28, 1990; amended at 15 Ill. Reg. 17729, effective November 26, 1991; amended at 16 Ill. Reg. 15553 effective September 28, 1992

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## Section 1380.280 Endorsement

- a) Any person who holds an unexpired certificate of registration or license to practice professional engineering, issued under the laws of another state or territory of the United States or the District of Columbia and who desires to become licensed by endorsement shall file an application on forms provided by the Department together with:
  - 1) The required fee specified in Section 20 of the Act;
  - 2) Proof of meeting requirements substantially equivalent to those in force in this state at the time of original or subsequent licensure by examination in the other jurisdiction, including certification of education, and verification of experience;
  - 3) A certification by the jurisdiction of original licensure and certification of current licensure from the jurisdiction of predominant active practice, including the following:
    - A) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;
    - B) The basis of licensure and a description of all licensure examinations by which the applicant was licensed in that jurisdiction and the date of successful passage of such examinations; and,
    - C) Whether the records of the licensing authority contain any record of any disciplinary action taken or pending against the applicant.
  - 4) A complete work history, on forms provided by the Department.
  - 5) If the qualifications of the applicant at the time of original licensure did not meet the requirements in effect at that time for licensure in this State, the applicant may submit additional certifications from other jurisdictions to indicate meeting the qualifications in effect in this State at the time of any later licensure.
  - 6) In lieu of the documentation specified in subsections (a)(2), (3), (4), and (5) above, an applicant may submit a current Council Record and Certification of Verification from NCEES.



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7) The Department may, in individual cases, upon the recommendation of the Board, waive a portion of the examination requirements after consideration of the quality of an applicant's engineering education and experience, including whether he has graduated from an approved engineering program, has achieved special honors or awards, has had articles published in professional journals, has participated in the writing of textbooks relating to professional engineering, and any other attribute which the Board accepts as evidence that such applicant has outstanding and proven ability in the practice of professional engineering.

8) Applicants for endorsement having obtained the following acceptable experience, in accordance with Section 1380.230, PRIOR TO taking the Principles and Practice of Engineering Examination shall be considered in compliance with the experience requirements of Section 10 of the Act:

- A) Under Section 10(a) of the Act, at least 3 years and 9 months of acceptable experience after receipt of the baccalaureate degree, or
- B) Under Section 10(b) of the Act, at least 7 years and 9 months of acceptable experience after receipt of the baccalaureate degree.
- C) Applicants not meeting the above requirements at the time of original or subsequent examination shall retake the Principles and Practice of Engineering Examination after meeting the necessary requirements.
- 9) Appendix A of this Part outlines the licensure requirements in force during various periods and should be consulted by the applicant to aid in the evaluation of his qualifications.

e) b) The Department shall examine each endorsement application to determine whether the qualifications of the applicant at the time of original or subsequent licensure were substantially equivalent to the requirements then in force in this State. The Department shall either issue a license by endorsement to the applicant or notify such applicant of the reasons for the denial of the application. An applicant not qualified for licensure by endorsement will automatically be reviewed under the provisions of Section 1380.250.

(Source: Amended at 16 Ill. Reg. 15553, effective September 28, 1992 )

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## Section 1380.300 Standards of Professional Conduct

In order to safeguard life, health and property, to promote the public welfare, and to establish and maintain a high standard of integrity in the practice of professional engineering, the following Standards of Professional Conduct shall be binding on every person holding a certificate of registration as a professional engineer and on all corporations authorized to practice professional engineering in this State.

a) Professional Responsibility. Licensees shall be responsive to the needs of clients and employers, but shall hold paramount life, health, property and the welfare of the public.

1) Licensees shall at all times recognize that their primary obligation is to protect the life, health, property and welfare of the public. If their professional judgment is overruled under circumstances where the life, health, property or welfare of the public is endangered, they shall notify their client or employer and such authority(ies) as may be appropriate (which may include the Department or other law enforcement agencies).

2) Licensees shall approve and seal only those designs ~~reviewed or~~ prepared by them or under their direct supervision and found to be safe for the public health, property and welfare.

3) Licensees shall not reveal confidential facts, data or information obtained in a professional capacity without the prior consent of the client, except as authorized or required by law.

4) Licensees shall not permit the use of their name or firm's name, nor shall they be associated in business ventures with persons or firms which they have reason to believe to be engaging in fraudulent or dishonest business practices.

5) Licensees having knowledge of any alleged violation of any of this Part shall cooperate with the Department, furnishing such information or assistance as may be required to conduct an investigation resulting from a complaint.

b) Competence. Licensees shall perform services only in areas of their competence.

1) Licensees shall undertake assignments only when qualified by education and experience in the specific technical field of engineering involved.



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- 2) Licensees shall not affix their signature or seal to any plans or documents dealing with subject matter in which they lack competence, nor to any plan or document not prepared by them or ~~reviewed~~ under their direct supervisory control.
- 3) Licensees may accept an assignment outside of their fields of competence to the extent that their services are restricted to those phases of the project in which they are qualified, and to the extent that all other phases of the project will be performed by registrants qualified in those phases.
- c) Professional Integrity. Licensees shall issue professional statements in an objective and truthful manner.
  - 1) Licensees shall be completely objective and truthful in all professional reports, statements or testimony.
  - 2) Licensees may express publicly a professional opinion on technical subject(s) only when it is founded upon adequate knowledge of the facts and a background of competence in the subject matter.
  - 3) A licensee, when acting as a representative of an individual or organization, shall issue no statements, criticisms, or arguments on engineering matters without first prefacing such comments by explicitly identifying on whose behalf the comments will be made. When the licensee is acting as a consultant, expressing a professional opinion, such opinion shall be prefaced by complete personal identification as a consultant, without necessarily naming the client. Such licensee shall reveal any personal interest in the matter.
  - d) Conflict of Interest. Licensees shall act in professional matters for each employer or client as faithful agents or trustees, and shall avoid conflict of interest.
    - 1) Licensees shall conscientiously avoid conflict of interest with their employers or clients. Whenever conflicts of interest appear unavoidable; however, licensees shall disclose promptly to their employers or clients any business association, interest or circumstance which may influence judgment or quality of services.
    - 2) Licensees shall not accept compensation, financial or other, from more than one party for services on a project or for services pertaining to a project unless the licensee makes full disclosure and receives consent of all interested parties.

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF ADOPTED AMENDMENTS

- 3) Licensees shall not solicit or accept financial or other valuable consideration from any material supplier or equipment supplier for specifying the supplier's products except when the licensee is a known employee or agent of the supplier.
- 4) Licensees shall not solicit or accept gratuities, directly or indirectly, from any contractor, architect, engineer or other party dealing with the licensee's employer or client in connection with work for which the licensee is responsible.
- 5) Licensees in public service as members, advisors or employees of a governmental body or department shall not participate in decisions with respect to professional services solicited or provided by them or their organization.
- 6) Licensees shall not solicit or accept a professional contract from a governmental body on which a principal or officer of their firm or organization serves as a member.
- e) Employment Solicitation. Licensees shall avoid improper solicitation of professional employment.
  - 1) Licensees shall not offer to pay, either directly or indirectly, any commission, political contribution, gift or other consideration in order to secure professional assignments.
  - 2) Licensees shall not falsify or permit misrepresentation of their, or their associates', academic or professional qualifications. They shall not misrepresent or exaggerate their degree of responsibility in or for the subject matter of prior assignments. Brochures or other presentations incident to the solicitation of employment shall not misrepresent pertinent facts concerning employers, employees, associates, joint ventures or past accomplishments with the intent or purpose of enhancing their qualifications and/or their work.

(Source: Amended at 16 Ill. Reg. 15553, effective September 28, 1992.)



## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

- 1) The Heading of the Part: MEDICAL PAYMENT
- 2) Code Citation: 89 Ill. Adm. Code 140
- 3) Section Number: Adopted Action:  
140.566 New Section
- 4) Statutory Authority: Sections 5-5.1 et seq. and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 5-5.1 et seq. and 12-13)
- 5) Effective Date of Adopted Amendments: September 30, 1992
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Do these Adopted Amendments contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: September 30, 1992
- 9) Notice of Proposal Published in Illinois Register:  
March 27, 1992 (16 Ill. Reg. 4708)
- 10) Has JCAR issued a Statement of Objections to these Adopted Amendments? No
- 11) Difference(s) between proposal and final version: No changes have been made in the text of the proposed rule. However, several technical changes are being made to the Notice of Adopted Amendments, as recommended by the Administrative Code Division. These changes include revisions in the Statutory Authority, Question 4, of the Notice page, a correction in the adoption action on the Notice page, and a correction in the section source note.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will these Adopted Amendments replace Emergency Amendments currently in effect? No
- 14) Are there any Amendments pending on this Part? Yes

Sections	Proposed Action	Illinois Register Citation
140.2	Amendment	May 1, 1992 (16 Ill. Reg. 6936)
140.12	Amendment	July 31, 1992 (16 Ill. Reg. 12116)
140.13	Amendment	March 27, 1992 (16 Ill. Reg. 4708)
140.14	Amendment	March 27, 1992 (16 Ill. Reg. 4708)

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

Sections	Proposed Action	Illinois Register Citation
140.15	Amendment	May 22, 1992 (16 Ill. Reg. 7775)
140.16	Amendment	March 27, 1992 (16 Ill. Reg. 4708)
140.16	Amendment	May 29, 1992 (16 Ill. Reg. 8047)
140.17	Amendment	May 29, 1992 (16 Ill. Reg. 8047)
140.19	Amendment	March 27, 1992 (16 Ill. Reg. 4708)
140.31	New Section	March 27, 1992 (16 Ill. Reg. 4708)
140.31	New Section	July 24, 1992 (16 Ill. Reg. 11721)
140.32	New Section	March 27, 1992 (16 Ill. Reg. 4708)
140.33	New Section	March 27, 1992 (16 Ill. Reg. 4708)
140.80	New Section	October 2, 1992 (16 Ill. Reg. 15019)
140.82	New Section	October 2, 1992 (16 Ill. Reg. 15019)
140.84	New Section	October 2, 1992 (16 Ill. Reg. 15019)
140.94	Amendment	October 2, 1992 (16 Ill. Reg. 15019)
140.95	Amendment	October 2, 1992 (16 Ill. Reg. 15019)
140.413	Amendment	April 24, 1992 (16 Ill. Reg. 6719)
140.421	Amendment	May 15, 1992 (16 Ill. Reg. 7576)
140.525	Amendment	August 28, 1992 (16 Ill. Reg. 13211)
140.526	Repealed	June 19, 1992 (16 Ill. Reg. 9393)
140.527	Repealed	June 19, 1992 (16 Ill. Reg. 9393)
140.528	Repealed	June 19, 1992 (16 Ill. Reg. 9393)
140.529	Repealed	June 19, 1992 (16 Ill. Reg. 9393)
140.538	Amendment	August 28, 1992 (16 Ill. Reg. 13211)
140.560	Amendment	August 21, 1992 (16 Ill. Reg. 12838)
140.570	Amendment	August 21, 1992 (16 Ill. Reg. 12838)
140.571	Amendment	August 21, 1992 (16 Ill. Reg. 12838)
140.572	Amendment	August 21, 1992 (16 Ill. Reg. 12838)
140.573	Amendment	August 21, 1992 (16 Ill. Reg. 12838)
140.574	Amendment	August 21, 1992 (16 Ill. Reg. 12838)
140.579	Amendment	August 21, 1992 (16 Ill. Reg. 12838)
140.580	Repeal	August 21, 1992 (16 Ill. Reg. 12838)
140.581	Repeal	August 21, 1992 (16 Ill. Reg. 12838)
140.700	Amendment	May 15, 1992 (16 Ill. Reg. 7576)
140. TABLE J	Repeal	August 21, 1992 (16 Ill. Reg. 12838)
140. TABLE K	Amendment	October 9, 1992 (16 Ill. Reg. 15296)

- 15) Summary and Purpose of Adopted Amendments: This rulemaking provides criteria under which the Department may approve the long term care of a client in an out-of-state facility, and specifies the basis for payment by the Department in such circumstances. The rule also indicates the situations in which payment cannot be made for out-of-state placements.
- 16) Information and questions regarding these Adopted Amendments shall be directed to:



## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

Name: Joanne Jones  
Bureau of Rules and Regulations  
Address: Illinois Department of Public Aid  
Jesse B. Harris Building II  
100 South Grand Avenue East, 3rd Floor  
Springfield, Illinois 62762  
Telephone: (217) 524-3215

The full text of the Adopted Amendments begins on the next page:

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES  
CHAPTER I: DEPARTMENT OF PUBLIC AID  
SUBCHAPTER d: MEDICAL PROGRAMS

PART 140  
MEDICAL PAYMENT

## SUBPART A: GENERAL PROVISIONS

## Section

- 140.1 Incorporation By Reference  
140.2 Medical Assistance Programs  
140.3 Covered Services Under The Medical Assistance Programs for AFDC, AFDC-MANG, AABD, AABD-MANG, RRP, Individuals Under Age 18 Not Eligible for AFDC, Pregnant Women Who Would Be Eligible if the Child Were Born and Pregnant Women and Children Under Age Eight Who Do Not Qualify As Mandatory Categorically Needy  
140.4 Covered Medical Services Under AFDC-MANG for non-pregnant persons who are 18 years of age or older (Repealed)  
140.5 Covered Medical Services Under GA  
140.6 Medical Services Not Covered  
140.7 Medical Assistance Provided to Individuals Under the Age of Eighteen Who Do Not Qualify for AFDC and Children Under Age Eight  
140.8 Medical Assistance For Qualified Severely Impaired Individuals  
140.9 Medical Assistance for a Pregnant Woman Who Would Not Be Categorically Eligible for AFDC/AFDC-MANG if the Child Were Already Born Or Who Do Not Qualify As Mandatory Categorically Needy  
140.10 Medical Assistance Provided to Incarcerated Persons

## SUBPART B: MEDICAL PROVIDER PARTICIPATION/DRUG MANUAL

## Section

- 140.11 Enrollment Conditions for Medical Providers  
140.12 Participation Requirements for Medical Providers  
140.13 Definitions  
140.14 Denial of Application to Participate in the Medical Assistance Program  
140.15 Recovery of Money  
140.16 Termination of a Vendor's Eligibility to Participate in the Medical Assistance Program  
140.17 Suspension of a Vendor's Eligibility to Participate in the Medical Assistance Program  
140.18 Effect of Termination on Individuals Associated with Vendor  
140.19 Application to Participate or for Reinstatement Subsequent to Termination, Suspension or Barring  
140.20 Submittal of Claims  
140.21 Covered Medicaid Services for Qualified Medicare Beneficiaries (QMBs)



## DEPARTMENT OF PUBLIC AID

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140.22 Magnetic Tape Billings  
 140.23 Payment of Claims  
 140.24 Payment Procedures  
 140.25 Overpayment or Underpayment of Claims  
 140.26 Payment to Factors Prohibited  
 140.27 Assignment of Vendor Payments  
 140.28 Record Requirements for Medical Providers  
 140.30 Audits  
 140.31 Emergency Services Audits  
 EMERGENCY  
 140.35 False Reporting and Other Fraudulent Activities  
 140.40 Prior Approval for Medical Services or Items  
 140.41 Prior Approval in Cases of Emergency  
 140.42 Limitation on Prior Approval  
 140.43 Post Approval for items or Services When Prior Approval Cannot Be Obtained  
 140.71 Reimbursement for Medical Services Through the Use of a C-13  
 140.72 Invoice Voucher Advance Payment and Expedited Payments  
 140.73 Drug Manual (Recodified)  
 Drug Manual Updates (Recodified)

## SUBPART C: PROVIDER PARTICIPATION FEES

Section  
 140.80 Hospital Provider Fund  
 EMERGENCY  
 140.82 Developmentally Disabled Care Provider Fund  
 EMERGENCY  
 140.84 Long Term Care Provider Fund  
 EMERGENCY  
 140.96 Medicaid Developmentally Disabled Provider Participation Fee Trust  
 EMERGENCY  
 140.94 Fund/Medicaid Long Term Care Provider Participation Fee Trust Fund  
 EMERGENCY  
 140.95 Hospital Services Trust Fund  
 EMERGENCY  
 140.96 General Requirements (Recodified)  
 140.97 Special Requirements (Recodified)  
 140.98 Covered Hospital Services (Recodified)  
 140.99 Hospital Services Not Covered (Recodified)  
 140.100 Limitation on Hospital Services (Recodified)  
 140.101 Transplants (Recodified)  
 140.102 Heart Transplants (Recodified)  
 140.103 Liver Transplants (Recodified)  
 140.104 Bone Marrow Transplants (Recodified)  
 140.110 Disproportionate Share Hospital Adjustments (Recodified)  
 140.116 Payment for Inpatient Services for GA (Recodified)  
 140.117 Hospital Outpatient and Clinic Services (Recodified)  
 140.200 Payment for Hospital Services During Fiscal Year 1982 (Recodified)  
 140.201 Payment for Hospital Services After June 30, 1982 (Repealed)

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

140.202 Payment for Hospital Services During Fiscal Year 1983 (Recodified)  
 140.203 Limits on Length of Stay by Diagnosis (Recodified)  
 140.300 Payment for Pre-operative Days and Services Which Can Be Performed in an Outpatient Setting (Recodified)  
 140.350 Copayments (Recodified)  
 140.360 Payment Methodology (Recodified)  
 140.361 Non-Participating Hospitals (Recodified)  
 140.362 Pre July 1, 1989 Services (Recodified)  
 140.363 Post June 30, 1989 Services (Recodified)  
 140.364 Prepayment Review (Recodified)  
 140.365 Base Year Costs (Recodified)  
 140.366 Restructuring Adjustment (Recodified)  
 140.367 Inflation Adjustment (Recodified)  
 140.368 Volume Adjustment (Repealed)  
 140.369 Groupings (Recodified)  
 140.370 Rate Calculation (Recodified)  
 140.371 Payment (Recodified)  
 140.372 Review Procedure (Recodified)  
 140.373 Utilization (Repealed)  
 140.374 Alternatives (Recodified)  
 140.375 Exemptions (Recodified)  
 140.376 Utilization, Case-Mix and Discretionary Funds (Repealed)  
 140.390 Subacute Alcoholism and Substance Abuse Services (Recodified)  
 140.391 Definitions (Recodified)  
 140.392 Types of Subacute Alcoholism and Substance Abuse Services (Recodified)  
 140.394 Payment for Subacute Alcoholism and Substance Abuse Services (Recodified)  
 140.396 Rate Appeals for Subacute Alcoholism and Substance Abuse Services (Recodified)  
 140.398 Hearings (Recodified)

## SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

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 140.400 Payment to Practitioners, Nurses and Laboratories  
 140.410 Physicians' Services  
 140.411 Covered Services By Physicians  
 140.412 Services Not Covered By Physicians  
 140.413 Limitation on Physician Services  
 140.414 Requirements for Prescriptions and Dispensing of Pharmacy Items - Physicians  
 140.416 Optometric Services and Materials  
 140.417 Limitations on Optometric Services  
 140.418 Department of Corrections Laboratory  
 140.420 Dental Services  
 140.421 Limitations on Dental Services



## DEPARTMENT OF PUBLIC AID

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140.422 Requirements for Prescriptions and Dispensing Items of Pharmacy  
Items - Dentists  
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140.426 Limitations on Podiatry Services  
140.427 Requirement for Prescriptions and Dispensing of Pharmacy Items -  
Podiatry  
140.428 Chiropractic Services  
140.429 Limitations on Chiropractic Services (Repealed)  
140.430 Independent Laboratory Services  
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140.433 Payment for Laboratory Services  
140.434 Record Requirements for Independent Laboratories  
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140.458 Prior Approval for Therapy Services  
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140.469 Hospice  
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140.478 Prior Approval for Medical Equipment, Supplies and Prosthetic  
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140.484 Payment for Family Planning Services  
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140.487 Healthy Kids Program Timeliness Standards  
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140.490 Medical Transportation  
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140.492 Payment for Medical Transportation  
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140.503 Cessation of Payment for Improper Level of Care  
140.504 Cessation of Payment Because of Termination of Facility  
140.505 Continuation of Payment Because of Threat To Life  
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140.517 Correspondent Management of Funds  
140.518 Facility Management of Funds  
140.519 Use or Accumulation of Funds  
140.520 Management of Recipient Funds--Local Office Responsibility  
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## DEPARTMENT OF PUBLIC AID

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 140.526 Quality Incentive Standards and Criteria for the Quality Incentive Program (QUIP)  
 140.527 Quality Incentive Survey  
 140.528 Payment of Quality Incentive  
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 140.530 Basis of Payment for Long Term Care Services  
 140.531 General Service Costs  
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 140.533 General Administration Costs  
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 140.535 Costs for Interest, Taxes and Rent  
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 140.540 Costs Associated With Nursing Home Care Reform Act and Implementing Regulations  
 140.541 Salaries Paid to Owners or Related Parties  
 140.542 Cost Reports-Filing Requirements  
 140.543 Time Standards for Filing Cost Reports  
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 140.567 ~~Level II Incentive Payments (Repealed)~~  
 140.568 Duration of Incentive Payments (Repealed)  
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 140.570 Capital Rate Component Determination  
 140.571 Fair Rental Value (FRV) Calculation  
 140.572 Total Capital Rate  
 140.573 Other Capital Provisions  
 140.574 Capital Costs for Rented Facilities  
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 140.578 Property Taxes  
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 140.581 Qualifying as Mandated Capital Improvement  
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 140.590 Audit and Record Requirements  
 140.642 Screening Assessment for Long Term Care and Alternative Residential Settings and Services  
 140.643 In-Home Care Program  
 140.645 Medical and In-Home Care For Disabled Persons Under Age 21  
 140.646 Reimbursement for Developmental Training (DT) Services for Individuals With Developmental Disabilities Who Reside in Long Term Care (ICF and SNF) and Residential (ICF/MR) Facilities  
 140.647 Description of Developmental Training (DT) Services  
 140.648 Determination of the Amount of Reimbursement for Developmental Training (DT) Programs  
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 140.855 Definition of Terms  
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 140.865 Sponsor Qualifications  
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 140.890 Payment Methodology  
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## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

## SUBPART G: REIMBURSEMENT FOR NURSING COSTS FOR GERIATRIC FACILITIES

Section 140.900	Reimbursement For Nursing Costs For Geriatric Residents in Group Care Facilities (Recodified)
140.901	Functional Areas of Needs (Recodified)
140.902	Service Needs (Recodified)
140.903	Definitions (Recodified)
140.904	Times and Staff Levels (Repealed)
140.905	Statewide Rates (Repealed)
140.906	Reconsiderations (Recodified)
140.907	Midnight Census Report (Recodified)
140.908	Times and Staff Levels (Recodified)
140.909	Statewide Rates (Recodified)
140.910	Referrals (Recodified)
140.911	Basic Rehabilitation Aide Training Program (Recodified)
140.912	Interim Nursing Rates (Recodified)

## SUBPART H: ILLINOIS COMPETITIVE ACCESS AND REIMBURSEMENT

## EQUITY (ICARE) PROGRAM

Section 140.940	Illinois Competitive Access and Reimbursement Equity (ICARE) Program (Recodified)
140.942	Definition of Terms (Recodified)
140.944	Notification of Negotiations (Recodified)
140.946	Hospital Participation in ICARE Program Negotiations (Recodified)
140.948	Negotiation Procedures (Recodified)
140.950	Factors Considered in Awarding ICARE Contracts (Recodified)
140.952	Closing an ICARE Area (Recodified)
140.954	Administrative Review (Recodified)
140.956	Payments to Contracting Hospitals (Recodified)
140.958	Admitting and Clinical Privileges (Recodified)
140.960	Inpatient Hospital Care or Services by Non-Contracting Hospitals Eligible for Payment (Recodified)
140.962	Payment to Hospitals for Inpatient Services or Care not Provided under the ICARE Program (Recodified)
140.964	Contract Monitoring (Recodified)
140.966	Transfer of Recipients (Recodified)
140.968	Validity of Contracts (Recodified)
140.970	Termination of ICARE Contracts (Recodified)
140.972	Hospital Services Procurement Advisory Board (Recodified)
140.980	Elimination Of Aid To The Medically Indigent (AMI) Program (Emergency Expired)
140.982	Elimination Of Hospital Services For Persons Age Eighteen (18) And Older And Persons Married And Living With Spouse, Regardless Of Age (Emergency Expired)

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

140.TABLE A	Medichex Recommended Screening Procedures (Repealed)
140.TABLE B	Health Service Areas
140.TABLE C	Capital Cost Areas
140.TABLE D	Schedule of Dental Procedures
140.TABLE E	Time Limits for Processing of Prior Approval Requests
140.TABLE F	Podiatry Service Schedule
140.TABLE G	Travel Distance Standards
140.TABLE H	Areas of Major Life Activity
140.TABLE I	Staff Time and Allocation for Training Programs (Recodified)
140.TABLE J	HSA Grouping
140.TABLE K	Services Qualifying for 10% Add-On
140.TABLE L	Services Qualifying for 10% Add-On to Surgical Incentive Add-On

AUTHORITY: Implementing Article III of the Illinois Health Finance Reform Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 6503-1 et seq.) and implementing and authorized by Articles III, IV, V, VI, VII and Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13)

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; recodified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29,



1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 8677, 1111. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9504, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18096, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg.

Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.Table H and 140.Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.Table A and 147.Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 3069, effective February 14, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7025, effective April 24, 1989; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective



August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended at 14 Ill. Reg. 18813, effective November 6, 1990; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; Section 140.569 withdrawn at 15 Ill. Reg. 1174; amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency expired December 22, 1991; emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a maximum of 150 days; emergency expired January 12, 1992; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg. 17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective December 24, 1991; amended at 16 Ill. Reg. 1877, effective January 24, 1992; amended at 16 Ill. Reg. 3552, effective February 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992; amended at 16 Ill. Reg. 6408, effective March 20, 1992; amended at 16 Ill. Reg. 6849, effective April 7, 1992; amended at 16 Ill. Reg. 7017, effective April 17, 1992; amended at 16 Ill. Reg. 10050, effective June 5, 1992; amended at 16 Ill. Reg. 11174, effective June 26, 1992; expedited correction at 16 Ill. Reg. 11348, effective March 20, 1992; emergency amendment at 16 Ill. Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September 21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30, 1992.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

SUBPART E: GROUP CARE

Section 140.566 ~~Level-I Incentive Payments~~-(Repealed) Out-of-State Placement

Residents of Illinois who have been determined as requiring long term care placement should be placed in an Illinois facility.

# Section 140.566 (continued)

- a) The Department may make payment for care of a client in an out-of-state facility if:
  - 1) the client is a resident of Illinois in accordance with Department residency requirements, and
  - 2) placement within Illinois cannot be obtained, and
  - 3) prior approval has been given by the Department, or its designee.
- b) Payment to out-of-state facilities will be based on the lesser of:
  - 1) the rate for medical assistance clients requiring the same level of care that is paid by the state in which the facility is located, or
  - 2) the private pay rate in the facility, or
  - 3) the Illinois statewide average rate for medical assistance clients requiring the same level of care.
- c) Payment cannot be approved for clients who made their own arrangements for care in facilities in other states if an appropriate bed is available in Illinois.
- d) Payment cannot be approved if a client or the family prefers placement in an out-of-state facility in order to stay near the home community, or near to family or for other personal reasons.
- e) Annually, placement of a client in an out-of-state facility will be re-evaluated to ensure placement is still appropriate.
- f) Payment for care in an out-of-state facility may be approved for a client who becomes ill while temporarily out of Illinois.

(Source: Section repealed at 14 Ill. Reg. 7140, effective April 27, 1990, new Section adopted at 16 Ill. Reg. 15561, effective September 30, 1992)



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eligible individuals. The rules set forth provisions for determinations of eligibility, and explain the method of by which payments will be made to eligible individuals.

- 10) Are there any amendments to this Part pending: No
- 11) Statement of Statewide Policy Objectives: This rulemaking neither imposes a State mandate, nor modifies an existing mandate.
- 11) Information and questions regarding this amendment shall be directed to:

Michael J. Wynne  
General Counsel  
Illinois Department of Revenue  
Legal Services Bureau  
101 West Jefferson  
Springfield, Illinois 62708  
Phone: (217) 782-6336

The full text of the emergency amendments begins on the next page:

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1) Heading of Part: Nursing Home Grant Assistance Act

2) Code Citation: 86 Ill. Adm. Code 535

3) Section Numbers: Emergency Action:

- 535.101 New Section
- 535.105 New Section
- 535.110 New Section
- 535.115 New Section
- 535.120 New Section
- 535.125 New Section
- 535.130 New Section
- 535.135 New Section
- 535.140 New Section
- 535.145 New Section
- 535.150 New Section

4) Statutory Authority: The Nursing Home Care Grant Assistance Act (P.A. 87-863)

5) Effective Date of Amendments: September 25, 1992

6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: N/A

8) Reason for Emergency: P.A. 87-863, was signed by the Governor and became effective on July 9, 1992. Section 40 of the Act authorizes the Department to use its emergency rulemaking authority to adopt initial rules. This language from Section 40 of the Act is a recognition by the General Assembly that failure to adopt rules immediately to implement this program would constitute a threat to the public interest and welfare. It is necessary to immediately adopt this emergency rulemaking, which requires the collection of payments from long term care facilities and the making of payments to eligible individuals, in order to ensure that the Nursing Home Grant Assistance Fund contains sufficient resources to make payments to eligible residents, as required by statute. A failure to immediately adopt rules spelling out the rights and responsibilities of the various program participants could result in administrative confusion and could cause problems in providing timely payments to eligible individuals in conformance with the requirements of the Act.

9) A Complete Description of the Subjects and Issues Involved: This rulemaking implements the Nursing Home Grant Assistance Act which provides for certain individuals in need of financial support who reside in skilled nursing or intermediate long term care facilities. The rules explain the rights and responsibilities of long term care facilities and



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TITLE 86: REVENUE  
CHAPTER I: DEPARTMENT OF REVENUEPART 535  
NURSING HOME GRANT ASSISTANCE ACT

## Section

535.101	Purpose of the Program
535.105	Definitions
535.110	Grant Applications/Distribution Agents
535.115	Determination of Eligibility
535.120	Certification By Distribution Agent
535.125	Payment of Fees by Distribution Agents
535.130	Qualified Distribution Agents
535.135	Distribution of Grant Payments by Qualified Distribution Agents
535.140	Alternative Means Of Distribution to Eligible Individuals
535.145	Refunds
535.150	Assessments/Penalties

**AUTHORITY:** Implementing and authorized by the Nursing Home Grant Assistance Act (P.A. 87-863).

**SOURCE:** Emergency rule adopted at 16 Ill. Reg. 15577, effective September 25, 1992, for a maximum of 150 days.

## Section 535.101 Purpose of the Program

- a) The Nursing Home Grant Assistance Act (P.A. 87-863 "the Act") is a remedial statute. The purpose of the Act is to provide for individuals in need of financial support and who reside in a skilled nursing or intermediate long term care facility that is licensed by the Illinois Department of Public Health under the Nursing Home Care Act [Ill. Rev. Stat. 1991 ch. 111 1/2, par. 4151-101, et seq.], after June 30, 1992 and before July 1, 1993, whose nursing home care is not paid for, in whole or in part, by a federal, State, or combined federal-State medical care program (other than Medicare Part B benefits), and whose annual adjusted gross income, after subtracting the amount of payments for nursing home care expenses, does not exceed 250% of the federal poverty guidelines for an individual as published annually by the U.S. Department of Health and Human Services for purposes of determining Medicaid eligibility, to receive financial assistance in the form of Nursing Home Grant Assistance grant payments distributed to them by the skilled nursing or intermediate long term care facility in which such individuals reside. (Section 5 of the Act)

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- b) The Department is empowered by Section 40 of the Act to adopt necessary rules to implement this Act, and to use its emergency rulemaking authority to adopt initial rules. Under Section 20(b)(1) of the Act it is necessary to use the Nursing Home Grant Assistance Fund to disburse moneys for payment of grants to eligible individuals under the Act. Under Section 25 of the Act it is necessary to make such payments of grants to eligible individuals through the skilled nursing or intermediate long term care facility in which such individuals reside. Under Section 20 of the Act, within 10 days after receipt by the State Comptroller of the disbursement certification made by the Department, the State Comptroller shall cause warrants to be drawn for the respective amounts in accordance with the Directions contained in that certification. To assure that eligible individuals receive the grant payments made to them through the skilled nursing or intermediate long term care facilities in which such individuals reside, the Department is empowered under Section 35 of the Act to impose penalties upon, and take action to collect such penalties against, these facilities for their failure to file the certifications required by the Act, to pay the fees due under the Act, and to distribute the grants to the individuals to whom payment is made.

## Section 535.105 Definitions

For purposes of the Nursing Home Grant Assistance Act and this Part:

"Department" means the Illinois Department of Revenue.

"Eligible individual's annual income from all sources" and "annual adjusted gross income" have the same meaning as "adjusted gross income" in Section 2-203(a)(1) of the Illinois Income Tax Act (Ill. Rev. Stat. 1991, ch. 120 par. 1-101 et seq. ("the IITA")), before the modifications thereto required by Section 2-203(a)(2) of the IITA. An individual, or the individual's legally authorized, representative may use the following amounts to determine adjusted gross income:

the amount reported by a resident on Line 1 of the IL-1040 individual Illinois income tax return filed by or on behalf of such resident for the tax year immediately preceding a certification filed under the Act by a distribution agent; or,

the amount reported by a resident on Line 31 of the U.S. 1040, or Line 16 of the U.S. 1040A, or Line 3 of the U.S. 1040EZ individual federal income tax returns



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filed by or on behalf of such resident for the tax year immediately preceding a certification filed under the Act by a such distribution agent.

"Eligible individual's legally authorized representative" has the same meaning as "resident's representative" in Section 1-123 of the Nursing Home Care Act.

"Expenses for nursing home care" means all amounts paid by a resident, or on behalf of a resident for personal care provided to the resident by a nursing home, or for personal care provided to the resident on the nursing home premises, or such personal care as cannot reasonably be provided on the premises, by someone other than the nursing home. In the case of an individual who has been a resident in a nursing home for a full 12 month period prior to the first day for which nursing home grant assistance is sought, "expenses for nursing home care" means the amount of such expenses for that 12 month period, or calendar year 1991. In the case of an individual who has been a resident in a nursing home for less than a 12 month period prior to the first day for which nursing home grant assistance is sought, "expenses for nursing home care" means that individual's average monthly expense for nursing home care for such period of residence multiplied by 12.

"Nursing home" means a skilled nursing or intermediate long term care facility that is subject to licensure by the Illinois Department of Public Health under the Nursing Home Care Act.

"Nursing Home Grant Assistance payment" means a payment made by the Comptroller to an eligible individual under the Act in the amount certified to the Comptroller for such individual by the Department.

"Occupied bed" days means the sum for all beds of the number of days during a quarter for which grant assistance is sought under the Act on which a bed is occupied by an individual. Bed hold days are not included by this definition.

"Personal care" has the same meaning as in Section 1-120 of the Nursing Home Care Act.

Section 535.110 Grant Applications/Distribution Agents

- a) An application under the Act is completed by the payment on or after July 1, 1992, by an eligible individual of at least \$1.00 in a calendar quarter to a nursing home and by the receipt by a nursing home of at least \$1.00 from an eligible individual that is a resident of the home.

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- b) A nursing home which receives one or more applications under the Act is a "distribution agent" under that Act. A distribution agent is required to gather such information, submit such certifications and distribute such payments as are required to be gathered, submitted and distributed by the Act. A distribution agent, and the responsible officers and employees of such an agent, are subject to penalties and enforcement action under the Act and this Part for failing to perform such functions as are required by the Act for submitting certifications to the Department, receiving grant payments from the Department and making grant distributions to eligible individuals.

- c) A nursing home must at all times maintain for its records, subject to inspection by the Department, a statement signed and executed by each eligible individual or the eligible individual's legally authorized representative in substantially the following form:

I (eligible individual's name), for purposes of receiving such payments as I may be entitled to receive under the Nursing Home Grant Assistant Act, do hereby authorize (distribution agent's name) to disclose to the Illinois Department of Revenue that:

My name is: \_\_\_\_\_

My Social Security Number is: \_\_\_\_\_

I am not a recipient of federal, State, or combined federal and State medical care program payments (other than Medicare Part B benefits):

My Annual Adjusted Gross Income After Subtraction For Nursing Home Care Expenses not paid for, in whole or in part, by a federal, State, or combined federal-State medical care program (other than Medicare Part B benefits), is: \$ \_\_\_\_\_; and,

I understand that the (distribution agent's name) is required to pay to the Department of Revenue a fee of \$1.00



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per occupied bed day after June 30, 1992 and before July 1, 1993, and that (distribution agent's name) is prohibited by law from passing on to me, or otherwise charging to me, directly or indirectly, the \$1.00 fee.

Signed: (eligible individual's

signature)

Eligible Individual's

Printed Name

Date:

Such a statement shall be made for each eligible individual in the first quarter for which such individual becomes eligible to receive a Nursing Home Grant Assistance Act payments.

- (d) A distribution agent that receives Nursing Home Grant Assistance Act grant payments for an individual for whom no statement was executed and maintained as required by subsection (c) above, will be presumed to have received a grant payment and not have distributed the payment to the eligible individual within two working days from the date of receipt and shall be subject to the penalties applicable under the Act for such failure, as provided by Section 535.150 of this Part.

Section 535.115 Determination of Eligibility

An individual who is a resident in a nursing home during one or more days after June 30, 1992, and before July 1, 1993, is eligible to receive assistance under the Act if he or she meets the following criteria:

- a) For each day for which nursing home grant assistance is sought, the individual's nursing home care was not paid for, in whole or in part, by a federal, State, or combined federal-State medical care program (other than Medicare Part B benefits); and,  
b) *The individual's annual adjusted gross income, after payment of expenses for nursing home care, does not exceed 250% of the federal poverty guidelines for an individual as published annually by the U.S. Department of Health and Human Services for purposes of determining Medicaid Eligibility. (Section 5 of the Act)*

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Section 535.120 Certification By Distribution Agent

- a) A Nursing Home Grant Assistance Certification shall consist of two forms issued by the Department: Form NH-1, Nursing Home Grant Assistance Certification and Form NH-2, Individuals Eligible For Grant. A Certification is not timely filed unless both Form NH-1 and Form NH-2 are filed with the Department on or before the due date for the Certification.

- (b) On or before the last day of September, December, March and June a nursing home that is a distribution agent under the Act shall file with the Department Form NH-1 of the Nursing Home Grant Assistance Certification ("Certification"). Form NH-1 of the Certification shall contain the following information:

- 1) the total number of occupied bed days during the quarter, multiplied by \$1.00;
- 2) the total amount of the fee due to the Department.

- c) On or before the last day of September, December, March and June a nursing home that is a distribution agent under the Act shall file with the Department Form NH-2 the Nursing Home Grant Assistance Certification ("Certification"). Form NH-2 of the Certification shall contain the following information:

- 1) Distribution Agent Information. The Certification shall contain the name and address of the distribution agent, as well as:
  - A) the number of the license issued to the distribution agent under the Nursing Home Care Act by the Illinois Department of Public Health;
  - B) the distribution agent's Federal Employer Identification Number; and
  - C) the distribution agent's Illinois Business Identification Number.

- 2) Total Grant Calculation. The Certification shall disclose, for the quarter immediately preceding the quarter for which a certification is filed:

- A) the name and social security number of each eligible individual and the total number of eligible individuals, for whom a written authorization has



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been executed and is maintained on file as required by Section 535.110 of this Part; and,

- B) the total number of occupied bed days for each eligible individual included in the Certification, and the total number of occupied bed days for all eligible individuals.

**Section 535.125 Payment of Fees by Distribution Agents**

The total amount of fees shown in the Certification shall be paid to the Department with Form NH-1 of the Certification filed with the Department. A distribution agent shall compute the fee as provided in Section 535.120(b) of this Part. A Certification shall be considered late, and the distribution agent shall be subject to penalties under the Act, if the postmark date is after the last day of September, December, March and June.

**Section 535.130 Qualified Distribution Agents**

- a) Only a qualified distribution agent may receive Nursing Home Grant Assistance payments for distribution to eligible individuals. A distribution agent must be a qualified distribution agent each quarter that a Certification is due. A distribution agent is a qualified distribution agent only if:

- 1) the Certification is timely filed on or before the due date for filing of the Certification;
- 2) the Certification filed with the Department is accompanied by payment in full of the amount of fee shown to be due on the Certification.

- b) The Department may periodically verify any information provided in a Certification. The Department may also periodically verify that Nursing Home Grant Assistance Payments sent to a distribution agent were in fact timely distributed to eligible residents, and that the distribution agent did not charge residents for the amount of the fee paid by the distribution agent to the Department. Following such verification, the Department may give written notification to a distribution agent that, based on the information obtained through the verification process, the distribution agent will no longer be a qualified distribution agent for purposes of distributing grants. Such a notification does not exempt the distribution agent from the requirement that a Certification be filed and that it pay the fee shown to be due therein.

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**Section 535.135 Distribution of Grant Payments by Qualified Distribution Agents**

- a) The Department shall cause Nursing Home Grant Assistance grant payments to be issued to qualified distribution agents. If the amount appropriated or available in the fund is insufficient to meet all or part of any quarterly payment certification, then the total amount appropriated or available, after subtracting 2 1/2% of that amount, shall be divided by the total amount of the quarterly grant certification. The factor resulting from that calculation shall be applied to the total amount of each Nursing Home Grant Assistance payment.

- b) Nursing Home Grant Assistance payments must be distributed by a qualified distribution agent to the named payee within 2 working days of the date received by the distribution agent.

- c) In order to avoid the imposition of penalties as provided by the Act, a qualified distribution agent should notify the Department in writing as soon as it becomes aware that it shall not be able to make a distribution of Nursing Home Grant Assistance payments to one or more eligible individuals, or to the legally authorized representative of a deceased eligible individual, within the time required by the Act. The written notification should state the reason for the delay in making timely distribution and the expected date on which payment is expected to be made. The written notification should be made on or before the expiration of the 48 hour (or two business days) period for distributing grant payments to an eligible individual, or on or before the 30th day of the period for distributing a grant payment to the legally authorized representative of an eligible individual that is deceased. Where an eligible individual is deceased and payment must be made to the eligible individual's legally authorized representative, the failure to give the written notification herein specified shall submit the qualified distribution agent to the imposition of penalties under the Act notwithstanding that the grant payment is made to the legally authorized representative after the 30th day and on or before the 120th day provided in Section 30 of the Act, and notwithstanding that the undistributed grant payment is returned to the Department within the 120 day period provided in Section 30 of the Act.

- d) A qualified distribution agent that is unable to locate the legally authorized representative of an eligible individual that is deceased within 120 days from the date that payment was made to the qualified distribution agent by the Department shall pay to the



DEPARTMENT OF REVENUE  
NOTICE OF EMERGENCY RULEMAKING

Department an amount equivalent to the amount of the grant payment that remains undistributed.

**Section 535.140 Alternative Means Of Distribution To Eligible Individuals**

When a distribution agent files a Certification but does not become a qualified distribution agent with respect to the quarter for which Nursing Home Grant Assistance is sought on behalf of eligible individuals, the Department shall not issue a Nursing Home Grant Assistance grant payment to the distribution agent to be distributed to eligible individuals. In such cases, the Department shall notify the distribution agent that it is not a qualified distribution agent authorized to receive Nursing Home Grant Assistance grant payments on behalf of eligible individuals included in the Certification filed by the distribution agent. Such a notification does not exempt the distribution agent from the requirement in a subsequent quarter that a Certification be filed and that it pay the fee shown to be due therein. Where such notification is issued, the Department shall distribute Nursing Home Grant Assistance grant payments through other reasonable means to each eligible individual or, where the eligible individual is deceased, to the legally authorized representative of an eligible individual.

**Section 535.145 Refunds**

- a) An overpayment with respect to one quarter for which a Certification is filed cannot be claimed through an off-set or other deduction against the amount of fee due in a subsequent Certification.
- b) A claim for refund of an overpayment of a fee under the Act may be filed with the Department only if a Certification was filed for the grant period for which a refund is claimed. Every claim for refund shall be in writing, shall be on the appropriate form prescribed by the Department, and (using attachments if necessary) shall state the specific grounds upon which the claim is founded, and identify the specific period(s) and related amount(s).
- c) The Department shall examine a claim for refund as soon as practicable after it is filed to determine the correct amount of fee and the amount of any refundable overpayment to which the claimant may be entitled, in connection with the Certification with respect to which an overpayment is alleged. If the Department finds the claimant entitled to a refund in any amount it shall issue a notice of refund. If the Department fails to approve or deny the claim before the expiration of 6 months from the date the claim was filed, the claimant may nevertheless thereafter file with the Department a written protest within 60 days after the

DEPARTMENT OF REVENUE  
NOTICE OF EMERGENCY RULEMAKING

expiration of the 6 month period. If a protest is filed the Department shall consider the claim and, if the claimant has so requested, shall grant the claimant or the claimant's authorized representative a hearing within 6 months after the date such request is filed. (See Ill. Adm. Code Part 200 for Department's Hearing Rules.) The procedure for protest shall be the same in all other cases in which the Department issues a denial of the claim within 6 months from the date the claim was filed, but the protest must be filed within 60 days after the date the Department denies the claim.

- d) No claim shall be filed and no refund shall be allowed or made, if the claimant files a claim for refund after the expiration of a three year period after the earlier of the date the Certification was filed or the date the Certification was due.

**Section 535.150 Assessments/Penalties**

Section 35(c) of the Act incorporates by reference certain provisions of the Retailers' Occupation Tax Act. (Ill. Rev. Stat. ch. 120, pars. 440, et seq. (the "ROTA").) The Act authorizes the Department to issue notices assessing liability for amounts of fees which are due and owing the Department and for penalties that are imposed and become due under the Act.

- a) As soon as practicable after a Certification is filed, the Department shall examine such Certification and shall, if necessary, correct such Certification according to its best judgment and information. Except in the case of a fraudulent Certification, no notice of assessment for a deficiency resulting from a correction made by the Department shall be issued on or after 3 years after the later of the date the Certification was due or the date the Certification was filed.
- b) In case any distribution agent fails to file a Certification when and as required by the Act, the Department shall determine the amount of fees due from the distribution agent according to the Department's best judgement and information. In such a case, and in case any distribution agent files a Certification at the time required by the Act, but fails to pay the fees, or any part thereof, when due, the Department shall issue a notice of assessment for the amount of the deficiency resulting from the failure to pay the amount determined by the Department to be due, or such amount as was reported in the Certification but for which payment was not made to the Department by the distribution agent. Section 35(c)(2) incorporates Section 5 of the ROTA, except that the penalty amounts provided for in the Act shall control. Accordingly, a notice of assessment under this



## DEPARTMENT OF REVENUE

## NOTICE OF EMERGENCY RULEMAKING

subsection may include an amount equivalent to the underpayment of fees due from a distribution agent or a qualified distribution agent and, in addition to that amount, an amount equal to 100% of the underpayment. Except in case of failure to file a Certification, or with the consent of the person to whom the notice of assessment is to be issued, no notice of assessment shall be issued on and after each July 1 and January 1 covering fees due during any month or period of time more than 3 years prior to such July 1 and January 1, respectively.

c) An amount of penalty imposed pursuant to Section 35(a) of the Act, and an amount of penalty imposed pursuant to Section 35(b) of the Act may be included in a notice of assessment issued to a qualified distribution agent. A notice of assessment including an amount of penalty imposed pursuant to Section 35(a) or Section 35(b) of the Act may be issued at any time.

d) An amount of penalty imposed pursuant to Section 35(c)(4) of the Act may be included in a notice of assessment.

e) If a protest to a notice of assessment is not filed within 60 days after such notice, such notice of assessment shall become final without the necessity of a final assessment being issued and shall be deemed to be a final assessment. If a distribution agent files a protest to a notice of assessment within 60 days after such notice, and the protest requests a hearing thereon, the Department shall give notice to the distribution agent of the time and place fixed for such hearing and shall hold a hearing in conformity with such provisions of the ROTA as are incorporated by reference by the Act, and pursuant thereto shall issue a final assessment to such distribution agent or to the legal representative of such person for the amount found to be due as a result of such hearing.

f) In addition to the penalties provided for in the Act, any fee that is not paid when due shall bear interest at the rate provided for in Section 5 of the ROTA, incorporated by Section 35(c)(2) of the Act, from the date when such fee becomes past due until such fee is paid or a judgment therefor is obtained by the Department.

## DEPARTMENT ON AGING

NOTICE OF REFUSAL TO MEET THE OBJECTION OF THE  
JOINT COMMITTEE ON ADMINISTRATIVE RULES

1) The Heading of the Part: Older Americans Act Programs

2) Code Citation: 89 Ill. Adm. Code 230

3) Section Numbers: Action:  
230.45 Refusal

4) Date Notice of Proposed Rules Published in the Register:

March 13, 1992 16 Ill. Reg. 3605

5) Date JCAR Statement of Objection Published in the Register:

October 2, 1992 16 Ill. Reg. 15184

6) Summary of Action Taken by the Agency:

The Department on Aging believes that it did consider the economic effects of the Intrastate Funding Formula rulemaking on the AAAs that would lose funding to the extent possible within the requirements of the Older Americans Act. When the distribution of funding is based upon population and there are major shifts in population, the result is a movement of funds from those areas experiencing little growth or an decrease in population to areas experiencing large population growth.

The Department, in proposing this rule change, considered the impact on the areas with losses in funding and took two specific steps in consideration of that impact. First, the "base" funding level contained in the current formula was advantageous to those nine AAAs, because it held their funding levels harmless as census information and factor weighting changed. The elimination of the base was necessary to allow the Department, in its formula, to utilize the best available statistics on the geographic distribution of older persons in the state. Because the Department was concerned about the impact on the areas with the most dramatic shifts in funding, it will be phasing in the change over a three year period. This three year period will allow the agencies who lose funding to have some time to seek and develop alternate resources.

Second, the elimination of the base without any change in the formula factors would have had resulted in an even more



## DEPARTMENT ON AGING

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dramatic loss in funding for many of those nine areas. The 5% rural factor would not have directed sufficient funding to rural areas to pay the particular attention to the needs of rural areas which is required by the Older Americans Act. Therefore, the Department increased the rural factor in the formula from 5 to 9%.

Unfortunately, in this time of fiscal austerity, funding for programs for older persons has not grown in proportion to the growing numbers of older persons within the state. Therefore, the Department must adopt the proposed rulemaking without modification(s) and will work with all of the Planning and Service Areas in the state to forge new partnerships with non-traditional/non-aging groups to help meet the growing needs of this population.

## DEPARTMENT OF COMMERCE AND COMMUNITY AFFAIRS

## NOTICE OF REGULATORY FLEXIBILITY IMPACT ANALYSIS

Upon initial review, it has been determined that the following proposed rules promulgated by State agencies may impact small business:

## INDUSTRIAL COMMISSION, ILLINOIS

Pre-Arbitration; 50 Ill. Adm. Code 7020  
Published September 25, 1992; 16 Ill. Reg. 14511

## MINES AND MINERALS, DEPARTMENT OF

Ill. Oil & Gas Act, The; 62 Ill. Adm. Code 240,  
Published September 11, 1992; 16 Ill. Reg. 13722

## REVENUE, DEPARTMENT OF

Retailers' Occupation Tax; 86 Ill. Adm. Code 130  
Published September 25, 1992; 16 Ill. Reg. 14554

Use Tax; 86 Ill. Adm. Code 150

Published September 25, 1992; 16 Ill. Reg. 14563

Persons wishing to obtain more information concerning the impact on small business may contact:

Linda Brand  
Department of Commerce and Community Affairs  
Office of Regulatory Assistance  
620 East Adams Street/6th Floor  
Springfield, IL 62701  
(217) 524-1516



JOINT COMMITTEE ON ADMINISTRATIVE RULES  
STATE OF ILLINOIS CENTER  
ROOM 16-503  
CHICAGO, ILLINOIS  
10:00 A.M.  
OCTOBER 13, 1992

NOTICE: It is the policy of the Committee to allow only representatives of state agencies to testify orally on any rule under consideration at Committee hearings. If members of the public wish to express their views with respect to a proposed rule, they should submit written comments to the Office of the Joint Committee on Administrative Rules at the following address:

Joint Committee on Administrative Rules  
700 Stratton Building  
Springfield, Illinois 62706

AGENDA

- I. Approval of September 15, 1992 Minutes
  - II. Review of Proposed Agency Rulemaking  
Alcoholism and Substance Abuse
    1. Triplicate Prescription Control Program (77 Ill Adm Code 2080)
      - First Notice Published: 16 Ill Reg 11367 - 7/17/92
      - Expiration of Second Notice Period: 11/9/92
- Central Management Services
2. Marking, Inventory, Transfer and Disposal of State-Owned Personal Property (44 Ill Adm Code 5010)
    - First Notice Published: 16 Ill Reg 10127 - 6/26/92
    - Expiration of Second Notice Period: 10/19/92
  3. Merit and Fitness (80 Ill Adm Code 302)
    - First Notice Published: 16 Ill Reg 11390 - 7/17/92
    - Expiration of Second Notice Period: 10/26/92
  4. Acquisition, Management and Disposal of Real Property (44 Ill Adm Code 5000)
    - First Notice Published: 16 Ill Reg 11378 - 7/17/92
    - Expiration of Second Notice Period: 11/9/92

Children and Family Services

5. Facilities and Programs Exempt from Licensure (89 Ill Adm Code 377)
  - First Notice Published: 16 Ill Reg 7553 - 5/15/92
  - Expiration of Second Notice Period: 11/4/92

Commerce Commission

6. Telephone Assistance Programs (83 Ill Adm Code 757)
  - First Notice Published: 16 Ill Reg 6542 - 4/24/92
  - Expiration of Second Notice Period: 11/4/92

7. Operator Service Providers (83 Ill Adm Code 770)
  - First Notice Published: 16 Ill Reg 3242 - 3/6/92
  - Expiration of Second Notice Period: 11/11/92

Commerce and Community Affairs

8. Economic Dislocation and Worker Adjustment Assistance (56 Ill Adm Code 2625)
  - First Notice Published: 16 Ill Reg 5124 - 4/3/92
  - Expiration of Second Notice Period: 10/15/92

9. Industrial Training Program (56 Ill Adm Code 2650)
  - First Notice Published: 16 Ill Reg 9202 - 6/19/92
  - Expiration of Second Notice Period: 10/26/92

10. State Administration of the Federal Community Development Block Grant Program for Small Cities (47 Ill Adm Code 110)
  - First Notice Published: 16 Ill Reg 7141 - 5/8/92
  - Expiration of Second Notice Period: 10/26/92

Commissioner of Banks and Trust Companies

11. Electronic Fund Transfers (38 Ill Adm Code 310)
  - First Notice Published: 16 Ill Reg 10125 - 6/26/92
  - Expiration of Second Notice Period: 11/9/92

Community College Board

12. Administration of the Illinois Public Community College Act (23 Ill Adm Code 1501)
  - First Notice Published: 16 Ill Reg 10524 - 7/19/92
  - Expiration of Second Notice Period: 10/15/92



Development Finance Authority

13. Americans With Disabilities Act Grievance Procedure (4 Ill Adm Code 950)  
-First Notice Published: 16 Ill Reg 9216 - 6/19/92  
-Expiration of Second Notice Period: 11/6/92

Higher Education

14. Americans With Disabilities Act Grievance Procedure (4 Ill Adm Code 975)  
-First Notice Published: 16 Ill Reg 11709 - 5/8/92  
-Expiration of Second Notice Period: 10/23/92

Insurance

15. Repeal of Books and Records (50 Ill Adm Code 3201)  
-First Notice Published: 16 Ill Reg 9279 - 6/19/92  
-Expiration of Second Notice Period: 10/16/92

16. Repeal of Changes in Officers and Directors of a Corporation Holding a License as a Premium Finance Company (50 Ill Adm Code 3203)  
-First Notice Published: 16 Ill Reg 9284 - 6/19/92  
-Expiration of Second Notice Period: 10/16/92

17. Repeal of Filing of Rate Charts and Agreement Forms (50 Ill Adm Code 3202)  
-First Notice Published: 16 Ill Reg 9288 - 6/19/92  
-Expiration of Second Notice Period: 10/16/92

18. Repeal of Financing Insurance Premiums Defined (50 Ill Adm Code 3205)  
-First Notice Published: 16 Ill Reg 9291 - 6/19/92  
-Expiration of Second Notice Period: 10/16/92

19. Repeal of Reports of Indictments and Convictions (50 Ill Adm Code 3204)  
-First Notice Published: 16 Ill Reg 9294 - 6/19/92  
-Expiration of Second Notice Period: 10/16/92

Pollution Control Board

20. General Rules (35 Ill Adm Code 101)  
-First Notice Published: 16 Ill Reg 10387 - 7/6/92  
-Expiration of Second Notice Period: 11/6/92

Professional Regulation

21. Wholesale Drug Distribution Licensing Act (68 Ill Adm Code 1510)  
-First Notice Published: 16 Ill Reg 12104 - 7/31/92  
-Expiration of Second Notice Period: 11/2/92

Public Aid

22. Medical Payment (89 Ill Adm Code 140)  
-First Notice Published: 16 Ill Reg 8047 - 5/29/92  
-Expiration of Second Notice Period: 11/12/92

Public Health

23. WIC Vendor Management Code (77 Ill Adm Code 672)  
-First Notice Published: 16 Ill Reg 9424 - 6/19/92  
-Expiration of Second Notice Period: 11/9/92

Rehabilitation Services

24. Similar Benefits (89 Ill Adm Code 567)  
-First Notice Published: 16 Ill Reg 10403 - 7/6/92  
-Expiration of Second Notice Period: 11/9/92

25. Illinois Visually Handicapped Institute (89 Ill Adm Code 730)  
-First Notice Published: 16 Ill Reg 10397 - 7/6/92  
-Expiration of Second Notice Period: 11/9/92

State Board of Education

26. Disadvantaged Students Funds Plan - Districts Over 50,000 ADA (23 Ill Adm Code 202)  
-First Notice Published: 16 Ill Reg 7231 - 5/8/92  
-Expiration of Second Notice Period: 10/13/92

State Police

27. Expungement Procedures (20 Ill Adm Code 1205)  
-First Notice Published: 16 Ill Reg 4803 - 3/27/92  
-Expiration of Second Notice Period: 11/2/92

## III. Certification of No Objection to Proposed Rulemaking

## IV. Review of Emergency and Peremptory Rulemakings

Central Management Services

28. Pay Plan (80 Ill Adm Code 310) (Emergency)  
-Notice Published: 16 Ill Reg 13950 - 9/11/92
29. Pay Plan (80 Ill Adm Code 310) (Emergency)



-Notice Published: 16 Ill Reg 14452 - 9/18/92

#### Commerce Commission

30. Dual Party Relay Service (83 Ill Adm Code 756) (Emergency)  
-Notice Published: 16 Ill Reg 14470 - 9/18/92

#### Department of Public Aid

31. Aid to Families with Dependent Children (89 Ill Adm Code 112) (Emergency)  
-Notice Published: 16 Ill Reg 13629 - 9/4/92

32. Aid to the Aged, Blind or Disabled (89 Ill Adm Code 113) (Emergency)  
-Notice Published: 16 Ill Reg 13641 - 9/4/92

33. General Assistance (89 Ill Adm Code 114) (Emergency)  
-Notice Published: 16 Ill Reg 13651 - 9/4/92

34. Crisis Assistance (89 Ill Adm Code 116) (Emergency)  
-Notice Published: 16 Ill Reg 13961 - 9/11/92

35. Aid to the Aged, Blind or Disabled (89 Ill Adm Code 113) (Emergency)  
-Notice Published: 16 Ill Reg 14722 - 9/25/92

36. Diagnosis Related Grouping (DRG) Prospective Payment System (PPS) (89 Ill Adm Code 149) (Emergency)  
-Notice Published: 16 Ill Reg 14733 - 9/25/92

37. General Assistance (89 Ill Adm Code 114) (Emergency)  
-Notice Published: 16 Ill Reg 14769 - 9/25/92

38. Hospital Services (89 Ill Adm Code 148) (Emergency)  
-Notice Published: 16 Ill Reg 14778 - 9/25/92

39. Medical Payment (89 Ill Adm Code 140) (Emergency)  
-Notice Published: 16 Ill Reg 15109 - 10/2/92

#### Rehabilitation Services

40. Application Process (89 Ill Adm Code 683) (Emergency)  
-Notice Published: 16 Ill Reg 13974 - 9/11/92

41. Repeal of Fiscal Year 1993 Emergency Budgetary Changes (89 Ill Adm Code 673) (Emergency)  
-Notice Published: 16 Ill Reg 13977 - 9/11/92

#### Revenue

42. Use Tax (86 Ill Adm Code 150) (Emergency)  
-Notice Published: 16 Ill Reg 14889 - 9/25/92

#### V. Exempt Rulemakings

43. Definitions and General Provisions (35 Ill Adm Code 211)  
-Proposed Date: 16 Ill Reg 6606 - 4/24/92  
-Adopted Date: 9/4/92

44. Major Stationary Sources Construction and Modification (35 Ill Adm Code 203)  
-Proposed Date: 16 Ill Reg 6631 - 4/24/92  
-Adopted Date: 9/4/92

45. Organic Material Emission Standards and Limitations (35 Ill Adm Code 215)  
-Proposed Date: 16 Ill Reg 6635 - 4/24/92  
-Adopted Date: 9/4/92

46. Organic Material Emission Standards and Limitations for the Chicago Area (35 Ill Adm Code 218)  
-Proposed Date: 16 Ill Reg 6643 - 4/24/92  
-Adopted Date: 9/4/92

47. Organic Material Emission Standards and Limitations for the Metro East Area (35 Ill Adm Code 219)  
-Proposed Date: 16 Ill Reg 6676 - 4/24/92  
-Adopted Date: 9/4/92



JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

## SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of September 23, 1992 through September 29, 1992, and have been scheduled for review by the Committee at its October 13, 1992 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rule should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Office Bldg., Springfield, IL 62706.

Second Notice Expires	Agency and Rule	Start of First Notice	JCAR Meeting
11/6/92	Illinois Development Finance Authority, Americans With Disabilities Act Grievance Procedure (4 Ill Adm Code 950)	6/19/92 16 Ill Reg 9216	10/13/92
11/6/92	Pollution Control Board, General Rules (35 Ill Adm Code 101)	7/6/92 16 Ill Reg 10387	10/13/92
11/9/92	Department of Rehabilitation Services, Similar Benefits (89 Ill Adm Code 567)	7/6/92 16 Ill Reg 10403	10/13/92
11/9/92	Department of Public Health, WIC Vendor Management Code (77 Ill Adm Code 672)	6/19/92 16 Ill Reg 9424	10/13/92
11/9/92	Department of Rehabilitation Services, Illinois Visually Handicapped Institute (89 Ill Adm Code 730)	7/6/92 16 Ill Reg 10397	10/13/92
11/9/92	Department of Alcoholism and Substance Abuse, Triplicate Prescription Control Program (77 Ill Adm Code 2080)	7/17/92 16 Ill Reg 11367	10/13/92
11/9/92	Department of Central Management Services, Acquisition, Management and Disposal of Real Property (44 Ill Adm Code 5000)	7/17/92 16 Ill Reg 11378	10/13/92

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

## SECOND NOTICES RECEIVED

(page 2)

Second Notice Expires	Agency and Rule	Start of First Notice	JCAR Meeting
11/9/92	Commissioner of Banks and Trust Companies, Electronic Fund Transfers (38 Ill Adm Code 310)	6/26/92 16 Ill Reg 10125	10/13/92
11/11/92	Illinois Commerce Commission, Operator Service Providers (83 Ill Adm Code 770)	3/6/92 16 Ill Reg 3242	10/13/92
11/12/92	Department of Public Aid, Medical Payment (89 Ill Adm Code 140)	5/29/92 16 Ill Reg 8047	10/13/92



## PROCLAMATION

92-407

## NATIONAL BASKETBALL PLAYERS ASSOCIATION-LITTLE CITY FOUNDATION DAY

Whereas, the 12th Annual National Basketball Players Association Awards Dinner will be held Saturday, September 26, 1992, at Hyatt O'Hare in Rosemont; and

Whereas, the benefit, which will be attended by civic, business, and labor leaders, and sports celebrities, including professional basketball stars, will help support the Little City Foundation and its efforts on behalf of children and adults with mental retardation and other developmental challenges; and

Whereas, the State of Illinois proudly salutes Jock Harbour, General Chairman; Robert Georgine, National Labor Chairman; Daniel C. Liqurotis, Honorary National Chairman; Bud Solk, Program Chairman; and the executives and staff of Little City Foundation for their generous and untiring efforts to make the benefit possible;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 26, 1992, as NATIONAL BASKETBALL PLAYERS ASSOCIATION-LITTLE CITY FOUNDATION DAY in Illinois.

Issued by the Governor September 4, 1992.

Filed with the Secretary of State September 24, 1992.

92-408

## HEALTH CARE FOOD SERVICE EMPLOYEES WEEK

Whereas, the food service is an integral part of the complete realm of services rendered to hospital and nursing home patients; and

Whereas, conscientious, professional food service employees who work diligently to serve appetizing, nutritious, and cost-efficient meals sometimes provide the brightest spot in a patient's day; and

Whereas, menu planners, chefs, cooks, administrators, dietitians, cafeteria staff, aides, and volunteers work in conjunction with other professionals to provide the best possible patient care;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 4-10, 1992, as HEALTH CARE FOOD SERVICE EMPLOYEES WEEK.

Issued by the Governor September 14, 1992.

Filed with the Secretary of State September 24, 1992.

92-409

## ITALIAN HERITAGE MONTH

Whereas, Christopher Columbus and other distinguished

Italians have played a significant role in the growth of civilization; and

Whereas, the strong traditions and rich culture of our Italian-American citizens are recognized by many Americans; and Whereas, Italian-Americans have contributed greatly to Illinois' arts, politics, sports, and socioeconomic life; and

Whereas, in October, the Joint Civic Committee of Italian Americans (JCCIA) will celebrate Italian Heritage Month with a variety of activities, including a parade on October 12;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 1992 as ITALIAN HERITAGE MONTH in Illinois.

Issued by the Governor September 15, 1992.

Filed with the Secretary of State September 24, 1992.

92-410

## LIONS CANDY DAY

Whereas, Lions of Illinois have spearheaded efforts to protect our citizens against the ravages of blindness and deafness for many years; and

Whereas, presently, 28,000 Illinois citizens are blind and 106,000 Illinois residents are deaf or hearing-impaired; and

Whereas, Lions have expended millions of dollars in recent years for an eye donor registry, glaucoma and hearing screenings, camping programs, hearing aid and eyeglass collections, and hundreds of other local programs; and

Whereas, on Friday, October 9, 1992, Lions are observing Candy Day, their primary fund-raising event of the year;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 9, 1992, as LIONS CANDY DAY in Illinois, in recognition and support of the organization's many worthwhile endeavors.

Issued by the Governor September 15, 1992.

Filed with the Secretary of State September 24, 1992.

92-411

## HELP RETARDED CITIZENS DAYS

Whereas, members of the Illinois State Council of the Knights of Columbus will conduct their 24th annual fund drive October 23-24 to benefit our mentally retarded citizens. Last fall, the Knights raised more than 1.5 million dollars, which were distributed to more than 300 organizations devoted to assisting individuals with mental handicaps; and

Whereas, the Illinois State Council of the Knights of Columbus has provided funds and personal assistance to allow youngsters to participate in the Special Olympics program; and

Whereas, the Illinois State Council has provided more than 2.5 million dollars to build or reconstruct homes for the mentally retarded in all six Diocese of Illinois; and



ILLINOIS REGISTER

ILLINOIS REGISTER

Whereas, since the Illinois State Council of the Knights of Columbus initiated this program, 43 other states have activated similar campaigns to provide much needed financial assistance for the mentally retarded;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 23-24, 1992, as HELP RETARDED CITIZENS DAYS in Illinois and commend the Knights of Columbus for its generous efforts.

Issued by the Governor September 16, 1992.

Filed with the Secretary of State September 24, 1992.

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ACTION CODES	
A - Adopted Rule	P - Proposed Rule
AR - Adopted Repealer	PF - Prohibited Filing Order by JCAR*
C - Notice of Corrections	PP - Peremptory or Court Ordered Rules
CC - Codification Changes	PR - Proposed Repealer
E - Emergency Rule	R - Refusal to meet JCAR Objection
ER - Emergency Repealer	RC - Statement of Recommendation
M - Modification to meet JCAR objections	S - Suspension ordered by JCAR
O - JCAR Statement of Objections	W - Withdrawal to meet JCAR Objections
RQ - Request for Correction	
EC - Expedited Corrections	

\*Joint Committee on Administrative Rules

**ALL RULES ARE LISTED BY PART NUMBER AND HEADING ONLY. (FOR ACTION ON SPECIFIC SECTIONS, PLEASE REFER TO THE SECTIONS AFFECTED INDEX.) IF THERE ARE ANY QUESTIONS, PLEASE CONTACT THE ADMINISTRATIVE CODE DIVISION AT (217) 782-9786.**

**ABANDONED MINED LANDS RECLAMATION COUNCIL**  
62 Ill. Adm. Code 2501 Abandoned Mined Lands Reclamation (P-2719; A-8345) (E-2897)(P-11363) (P-14335/91; A-11403) (E-11625)  
4 Ill. Adm. Code 1000 Americans With Disabilities Act Grievance Procedure (P-12799)

**AGING, DEPARTMENT ON**  
89 Ill. Adm. Code 240 Community Care Program (E-17398/91; S-1744; W-2955; M-2943) (P-17007/91; PF-1744; M-2930; A-11731) (E-2630) (E-2901) (E-4069; RC-6898) (P-4087; C-5083; A-14565) (P-12251; C-13662) (E-12615) (P-11363) (A-11403) (E-11625) (O-15183) (P-15203)  
89 Ill. Adm. Code 230 Older Americans Act Programs (P-3605; A-15401) (O-15184) (R-15590)

**AGRICULTURE, DEPARTMENT OF**  
8 Ill. Adm. Code 1 Administrative Rules (Formal Administrative Proceedings; Contested Cases; Petitions; Declaratory Rulings; Public Disclosure) (P-8631)  
4 Ill. Adm. Code 550 Americans With Disabilities Act Grievance Procedure (P-5097; A-11744)  
8 Ill. Adm. Code 30 Animal Control Act (P-3618; A-11751)  
8 Ill. Adm. Code 110 Animal Diagnostic Laboratory Act (P-3624; A-11416)  
8 Ill. Adm. Code 200 Commercial Feed Act (P-9169)  
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92-224 U.S. Railroad Retirement Board Congratulated  
92-225 Correctional Officer Week  
92-226 Home Education Week  
92-227 Ortho-Olympics Day  
92-228 Elks Youth Week  
92-229 Soil And Water Stewardship Week  
92-230 Clean Air Week  
92-231 Exceptional Children's Week  
92-232 Charleston Area Senior Center Day  
92-233 Dr. J. Neil Admire Day

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92-234 Emergency Medical Services Week  
92-235 Illinois Small Business Week  
92-236 Mattoon Area Senior Center Day  
92-237 Retired Teachers Week  
92-238 Richard A. Stein Day  
92-239 Telephone Operators' Week  
92-240 Vernon Park Church of God Days  
92-241 Oak Lawn-Hometown School District 123  
90th Anniversary Recognized  
92-242 Myasthenia Gravis Awareness Week  
92-243 Lombard Park District Day/Lilac Time  
92-244 Management Week  
92-245 Maritime Day  
92-246 Dr. Paul Arthur Schlipp Recognized  
92-247 Highland Small Fry Basketball Team Day  
92-248 Polish Falcons Of America/Nest No. 2 Commended  
92-249 Greek Heritage Week  
92-250 Norris City-Omaha-Enfield High School  
Cardinal Band Recognized  
92-251 Professor Ronald L. Barrett Day  
92-252 Corinne Q. Siegel Day  
92-252 Corinne Q. Siegel Day (Revised)  
92-253 Family Business Week  
92-254 Illinois Society Of The Sons Of The American  
Revolution Days  
92-255 LULAC Day  
92-256 Multiple Sclerosis Month  
92-257 Older Americans Month  
92-258 Pom Pon Appreciation Day  
92-259 "Safe Kids Buckle Up Week"  
92-260 Law Day  
92-261 Dick Bull Day  
92-262 National Association Of Insurance Women's Week  
92-263 Frank Annunzio Day  
92-263 Frank Annunzio Day (Revised)  
92-264 Historic Preservation Week  
92-265 Illinois Bell Operator Day  
92-266 Life Insurance Week  
92-267 Lithuanian Day  
92-268 Schoolhouse Volunteers Day  
92-269 Stamp Collecting Week  
92-270 Woman's Club Of Saints Peter And Paul Greek  
Orthodox Church, Philoptochos Society Day  
92-271 Henry W. Meers Day  
92-272 VA/Very Special Arts Recognition Day  
92-273 Vladimir Horowitz Week  
92-274 American GI Forum Days  
92-275 WTC Days



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**TYPE OF RULEMAKING**

am = amendment to existing Section  
cc = codification changes  
n = new Section  
r = repeal of existing Section  
re = recodified  
# = renumbered

**ACTION CODES**

A = Adopted rule  
C = Correction  
CC = Codification Changes  
E = Emergency rule  
F = Failure to Remedy  
M = Modification  
O = ICAR Objection  
P = Proposed Rule  
W = Withdrawal of

PP = Prohibited filing  
R = Refusal to Modify  
or Withdraw  
RC = Statement of Recommendation  
RQ = Request for Correction  
S = Suspend rule



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## TITLE 8 (CONT'D)

55.40	am	(P-3646; A-11766)	200.10	r	(P-9169)	305.50	n	(P-7949; A-13788)	436.110	am	(P-15655/91; A-4520)
55.45	am	(P-3646; A-11766)	200.15	n	(P-9169)	305.60	n	(P-7949; A-13788)	436.120	r	(P-15655/91; A-4520)
55.50	am	(P-3646; A-11766)	200.20	r	(P-9169)	305.70	n	(P-7949; A-13788)	436.130	am	(P-15655/91; A-4520)
55.55	am	(P-3646; A-11766)	200.25	n	(P-9169)	1400.147	am	(P-8297)	436.140	r	(P-15655/91; A-4520)
55.100	am	(P-3646; A-11766)	200.30	r	(P-9169)	1400.149	am	(P-8297)	438.40	am	(P-12377)
85.5	am	(P-3635; A-11756)	200.35	r	(P-9169)	TITLE 11					(P-6755; A-13077)
85.10	am	(P-3635; A-11756)	200.40	r	(P-9169)	405.90	am	(P-2436; A-8232)	440.50	am	(P-6755; A-13077)
85.15	am	(P-3635; A-11756)	200.45	n	(P-9169)	409.20	am	(P-11005)	440.60	am	(P-6755; A-13077)
85.75	am	(P-3635; A-11756)	200.50	n	(P-9169)	415.60	n	(P-1263; A-7486)	440.120	am	(P-6755; A-13077)
85.80	am	(P-3635; A-11756)	200.55	n	(P-9169)	416.10	r	(P-12372)	440.160	n	(P-6755; A-13077)
85.100	am	(P-3635; A-11756)	200.60	r	(P-9169)	416.20	r	(P-12372)	450.10	n	(P-2292)
85.115	am	(P-3635; A-11756)	200.65	r	(P-9169)	416.30	r	(P-12372)	502.30	am	(P-6751; A-12774)
85.120	n	(P-3635; A-11756)	200.70	r	(P-9169)	416.40	r	(P-12372)	509.20	am	(P-6955)
90.5	n	(P-3653; A-11773)	200.75	n	(P-9169)	416.50	r	(P-12372)	509.30	am	(P-6955)
90.110	am	(P-3624; A-11416)	200.85	n	(P-9169)	416.60	r	(P-12372)	509.40	am	(P-6955)
100.50	am	(P-3624; A-11416)	200.90	r	(P-9169)	416.70	r	(P-12372)	509.50	am	(P-6955)
100.80	am	(P-3624; A-11416)	200.95	n	(P-9169)	416.80	r	(P-12372)	509.60	am	(P-6955)
100.90	am	(P-3624; A-11416)	200.100	r	(P-9169)	416.90	r	(P-12372)	509.70	am	(P-6955)
100.110	am	(P-3624; A-11416)	200.110	r	(P-9169)	417.10	r	(P-12379)	509.80	am	(P-6955)
100.120	am	(P-3624; A-11416)	200.120	n	(P-9169)	417.20	r	(P-12379)	509.90	am	(P-6955)
105.5	am	(P-3680; A-11799)	200.130	n	(P-9169)	417.30	r	(P-12379)	509.95	n	(P-6955)
105.10	am	(P-3680; A-11799)	200.140	n	(P-9169)	417.40	r	(P-12379)	509.100	am	(P-6955)
105.30	am	(P-3680; A-11799)	200.150	n	(P-9169)	417.50	r	(P-12379)	509.110	am	(P-6955)
105.90	n	(P-3680; A-11799)	200.160	n	(P-9169)	417.60	r	(P-12379)	509.130	r	(P-6955)
110.50	am	(P-3624)	200.170	n	(P-9169)	417.70	r	(P-12379)	509.140	am	(P-6955)
110.80	am	(P-3624)	200.200	n	(P-9169)	417.80	r	(P-12379)	509.150	am	(P-6955)
110.90	am	(P-3624)	200.210	n	(P-9169)	417.90	r	(P-12379)	509.160	am	(P-6955)
110.110	am	(P-3624)	200.220	n	(P-9169)	422.10	am	(P-6742; A-13069)	509.170	am	(P-6955)
110.120	am	(P-3624)	211.10	n	(P-7955; A-13794)	422.70	am	(P-6742; A-13069)	509.175	r	(P-6955)
115.10	am	(P-3661; A-11781)	211.20	n	(P-7955; A-13794)	422.90	am	(P-6742; A-13069)	509.190	am	(P-6955)
115.20	am	(P-3661; A-11781)	211.30	n	(P-7955; A-13794)	422.100	am	(P-6742; A-13069)	509.195	r	(P-6955)
115.30	am	(P-3661; A-11781)	211.40	n	(P-7955; A-13794)	422.110	am	(P-6742; A-13069)	509.200	am	(P-6955)
115.50	am	(P-3661; A-11781)	211.50	n	(P-7955; A-13794)	433.120	am	(P-11001)	509.210	am	(P-6955)
115.70	am	(P-3661; A-11781)	211.60	n	(P-7955; A-13794)	434.05	n	(P-10996)	509.220	am	(P-6955)
115.80	am	(P-3661; A-11781)	211.70	n	(P-7955; A-13794)	434.10	am	(P-10996)	509.230	am	(P-6955)
115.100	am	(P-3661; A-11781)	235.10	n	(P-2969; A-8361)	434.20	am	(P-10996)	509.240	r	(P-6955)
121.25	am	(P-8898; W-11972)	235.20	n	(P-14975)	434.40	am	(P-10996)	509.250	r	(P-6955)
125.10	am	(P-1921; A-8349)	256.20	n	(P-14975)	435.20	am	(P-6747; A-13073)	509.260	r	(P-6955)
125.100	am	(PP-11963)	256.30	n	(P-14975)	436.05	n	(P-15655/91; A-4520)	509.265	r	(P-6955)
125.190	am	(P-1921; A-8349)	256.40	n	(P-14975)	436.10	r	(P-15655/91; A-4520)	509.270	am	(P-6955)
125.260	am	(PP-1899)	256.50	n	(P-14975)	436.20	am	(P-15655/91; A-4520)	1305.120	r	(P-2439)
		(P-1921; A-8349)	256.60	n	(P-14975)	436.30	r	(P-15655/91; A-4520)	1305.130	r	(P-2439)
125.270	am	(PP-11687)	256.70	n	(P-14975)	436.40	r	(P-15655/91; A-4520)	1314.10	am	(P-2439)
		(P-1921; A-8349)	256.80	n	(P-14975)	436.50	r	(P-15655/91; A-4520)	1314.140	am	(P-2439)
125.290	am	(P-1921; A-8349)	256.90	n	(P-14975)	436.60	am	(P-15655/91; A-4520)	1318.180	n	(P-15388/91; A-7489)
125.295	n	(P-1921; A-8349)	305.10	n	(P-7949; A-13788)	436.70	am	(P-15655/91; A-4520)	1318.190	n	(P-15388/91; A-7489)
125.380	am	(PP-1899) (PP-11687)	305.20	n	(P-7949; A-13788)	436.80	r	(P-15655/91; A-4520)	1413.150	am	(P-13218)
125.390	am	(P-1921; A-8349; PP-12234)	305.30	n	(P-7949; A-13788)	436.90	r	(P-15655/91; A-4520)	1424.100	am	(P-2444; A-11193)
			305.40	n	(P-7949; A-13788)	436.100	am	(P-15655/91; A-4520)	1424.105	r	(P-2444)



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TITLE 11 (CONT'D)			TITLE 17 (CONT'D)		
1424.170	(P-2444) (P-12133)	1220.110	(P-8747/91; A-10163)	620.40	(P-12302)
1424.175	(P-12133)	1220.120	(P-8747/91; A-10163)	620.50	(P-12302)
1424.250	(P-1266; A-7493)	1220.130	(P-8747/91; A-10163)	620.50	(P-12302)
1705.10	(P-1779)	1220.140	(P-8747/91; A-10163)	620.50	(P-12302)
1705.20	(P-1779)	1220.150	(P-8747/91; A-10163)	620.50	(P-12302)
1705.30	(P-1779)	1220.160	(P-8747/91; A-10163)	620.50	(P-12302)
1705.40	(P-1779)	1220.170	(P-8747/91; A-10163)	620.50	(P-12302)
1705.50	(P-1779)	1220.180	(P-8747/91; A-10163)	620.50	(P-12302)
1705.60	(P-1779)	1220.190	(P-8747/91; A-10163)	620.50	(P-12302)
1705.70	(P-1779)	1220.200	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.210	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.220	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.230	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.240	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.250	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.260	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.270	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.280	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.290	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.300	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.310	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.320	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.330	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.340	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.350	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.360	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.370	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.380	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.390	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.400	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.410	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.420	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.430	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.440	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.450	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.460	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.470	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.480	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.490	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.500	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.510	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.520	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.530	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.540	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.550	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.560	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.570	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.580	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.590	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.600	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.610	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.620	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.630	(P-8747/91; A-10163)	620.50	(P-12302)
		1220.640	(P-8747/91; A-10163)	620.50	(P-



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730.30 am	(P-5143; A-11041)	1538.10 n	(P-755; W-4555)		
740.10 am	(P-5540; A-11162)	1538.20 n	(P-4148; A-11108)		
740.20 am	(P-5540; A-11162)		(P-755; W-4555)		
810.35 am	(P-17817/91; A-5267)	1538.30 n	(P-4148; A-11108)		
810.37 am	(P-17817/91; A-5267)		(P-755; W-4555)		
810.45 am	(P-17817/91; A-5267)	1538.40 n	(P-4148; A-11108)		
	(P-6571; A-12526)		(P-4148; A-11108)		
	(E6016)	1538.50 n	(P-755; W-4555)		
810.60 am	(P-17817/91; A-5267)		(P-4148; A-11108)		
810.70 am	(P-17817/91; A-5267)	1538.60 n	(P-755; W-4555)		
810.90 am	(P-17817/91; A-5267)		(P-4148; A-11108)		
830.60 am	(P-18327/91; A-5257)	1538.70 n	(P-755; W-4555)		
830.70 am	(P-18327/91; A-5257)		(P-4148; A-11108)		
830.90 am	(P-18327/91; A-5257)	1538.80 n	(P-755; W-4555)		
850.10 am	(P-4616; A-11029)		(P-4148; A-11108)		
850.20 am	(P-4616; A-11029)	1590.50 am	(P-4132; A-11052)		
	(E-12626; P-12818)	1590.60 am	(P-4132; A-11052)		
850.30 am	(P-4616; A-11029)	1590.70 am	(P-4132; A-11052)		
850.40 am	(E-12626; P-12818)	1590.80 am	(P-4132; A-11052)		
850.50 am	(E-12626; P-12818)	1590.90 am	(P-4132; A-11052)		
880.10 n	(P-13603/91; A-109)	1590.100 am	(P-4132; A-11052)		
880.20 n	(P-13603/91; A-109)	1590.110 am	(P-4132; A-11052)		
880.30 n	(P-13603/91; A-109)	1590.120 am	(P-4132; A-11052)		
880.40 n	(P-13603/91; A-109)	2030.15 am	(P-2302; A-8483)		
880.50 n	(P-13603/91; A-109)	2030.20 am	(P-2302; A-8483)		
890.10 n	(P-17811/91; A-5262)	2520.50 am	(P-2297; A-8479)		
890.20 n	(P-17811/91; A-5262)	3010.40 am	(P-14794/91; A-1806)		
890.30 n	(P-17811/91; A-5262)	3010.50 am	(P-14794/91; A-1806)		
890.40 n	(P-17811/91; A-5262)	3010.70 am	(P-14794/91; A-1806)		
890.50 n	(P-17811/91; A-5262)	3010.80 am	(P-14794/91; A-1806)		
950.20 am	(P-5429; A-11034)	3020.20 am	(P-14820/91; A-1833)		
950.40 am	(P-5429; A-11034)	3020.40 am	(P-14820/91; A-1833)		
960.30 am	(P-5433; A-11038)	3020.50 am	(P-14820/91; A-1833)		
970.10 r	(P-2727; R-8497)	3020.70 am	(P-14820/91; A-1833)		
970.20 r	(P-2727; R-8497)	3020.80 am	(P-14820/91; A-1833)		
970.30 r	(P-2727; R-8497)	3030.30 am	(P-14807/91; A-1816)		
970.40 r	(P-2727; R-8497)	3030.50 am	(P-14807/91; A-1816)		
970.50 r	(P-2727; R-8497)	3030.60 am	(P-14807/91; A-1816)		
970.60 r	(P-2727; R-8497)	3035.40 am	(P-14783/91; A-1797)		
1110.30 am	(P-13594/91; A-103)	3035.70 am	(P-14783/91; A-1797)		
1530.30 am	(P-2972; A-8489)	3035.80 am	(P-14783/91; A-1797)		
1530.50 am	(P-2972; A-8489)	4170.100 n	(P-5576)		
1530.60 am	(P-2972; A-8489)		(P-209/91; A-14200)		
1535.1 n	(P-2979; A-8499)	4170.110 n	(P-5576)		
1535.5 am	(P-2979; A-8499)	4170.120 n	(P-209/91; A-14200)		
1535.5 am	(P-2979; A-8499)	4170.130 n	(P-5576)		
1538.5 n	(P-755; W-4555)	4170.200 n	(P-5576)		
			(P-209/91; A-14200)		
		4170.210 n	(P-4148; A-11108)		



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1570.40 n	(P-2732)	1.240 am	(P-8684)	(P-4368; A-11206)
1570.50 n	(P-2732)	1.420 am	(P-8684)	(P-4368; A-11206)
1570.60 n	(P-2732)	1.440 am	(P-8684)	(P-4368; A-11224)
1580.10 n	(P-1948)	1.720 am	(P-8684)	(P-4368; A-11224)
1580.20 n	(P-1948)	1.730 am	(P-8684)	(P-15026/91; A-4060)
1580.30 n	(P-1948)	1.735 am	(P-8684)	(P-4368; A-11224)
1580.40 n	(P-1948)	1.736 am	(P-8684)	(P-4368; A-11224)
1580.50 n	(P-1948)	1.736 am	(P-8684)	(P-4368; A-11224)
1720.15 am	(P-15251/91; A-4002)	25.120 am	(P-9234)	(P-4368; A-11224)
1720.35 n	(E-727) (P-7756)	25.220 am	(P-9234)	(P-15026/91; A-4060)
1800.10 n	(P-10)	120.10 am	(P-1452; A-10213)	(P-4368; A-11224)
1800.20 n	(P-10)	120.30 am	(P-1452; A-10213)	(P-4368; A-11224)
1800.30 n	(P-10)	120.40 am	(P-1452; A-10213)	(P-4368; A-11224)
1800.40 n	(P-10)	120.50 am	(P-1452; A-10213)	(P-4368; A-11224)
1800.60 n	(P-10)	120.60 am	(P-1452; A-10213)	(P-4368; A-11224)
1810.100 n	(P-469) (E-732)	120.90 am	(P-1452; A-10213)	(P-4368; A-11224)
1810.110 n	(P-469) (E-732)	130.10 am	(P-1439; A-9475)	(P-4368; A-11224)
1810.200 n	(P-469) (E-732)	130.20 am	(P-1439; A-9475)	(P-4368; A-11224)
1810.210 n	(P-469) (E-732)	130.30 am	(P-1439; A-9475)	(P-4368; A-11224)
1810.220 n	(P-469) (E-732)	130.40 am	(P-1439; A-9475)	(P-4368; A-11224)
1810.230 n	(P-469) (E-732)	130.45 am	(P-1439; A-9475)	(P-4368; A-11224)
1810.240 n	(P-469) (E-732)	130.50 am	(P-1439; A-9475)	(P-4368; A-11224)
1810.250 n	(P-469) (E-732)	202.10 am	(P-7231)	(P-4368; A-11224)
1810.300 n	(P-469) (E-732)	202.20 am	(P-7231)	(P-4368; A-11224)
1810.400 n	(P-469) (E-732)	202.30 am	(P-7231)	(P-4368; A-11224)
1810.410 n	(P-469) (E-732)	202.40 am	(P-7231)	(P-4368; A-11224)
1810.420 n	(P-469) (E-732)	202.44 am	(P-7231)	(P-4368; A-11224)
1810.430 n	(P-469) (E-732)	202.46 am	(P-7231)	(P-4368; A-11224)
1810.440 n	(P-469) (E-732)	202.50 am	(P-7231)	(P-4368; A-11224)
1810.500 n	(P-469) (E-732)	202.60 am	(P-7231)	(P-4368; A-11224)
1810.510 n	(P-469) (E-732)	226.605 am	(P-3724)	(P-4368; A-11224)
1810.520 n	(P-469) (E-732)	226.640 am	(P-3724)	(P-4368; A-11224)
1810.530 n	(P-469) (E-732)	228.15 am	(P-9253)	(P-4368; A-11224)
1810.540 n	(P-469) (E-732)	228.20 am	(P-9253)	(P-4368; A-11224)
1810.550 n	(P-469) (E-732)	228.25 am	(P-9253)	(P-4368; A-11224)
1810.600 n	(P-469) (E-732)	228.30 am	(P-9253)	(P-4368; A-11224)
1810.610 n	(P-469) (E-732)	228.50 am	(P-9253)	(P-4368; A-11224)
1810.620 n	(P-469) (E-732)	228.50 am	(P-9253)	(P-4368; A-11224)
1810.700 n	(P-469) (E-732)	235.10 am	(P-439; A-10181)	(P-4368; A-11224)
1810.710 n	(P-469) (E-732)	235.20 am	(P-439; A-10181)	(P-4368; A-11224)
1810.720 n	(P-469) (E-732)	235.30 am	(P-439; A-10181)	(P-4368; A-11224)
1810.730 n	(P-469) (E-732)	235.30 am	(P-439; A-10181)	(P-4368; A-11224)
1810.800 n	(P-469) (E-732)	235.40 am	(P-439; A-10181)	(P-4368; A-11224)
1810.900 n	(P-469) (E-732)	235.40 am	(P-439; A-10181)	(P-4368; A-11224)
1810.910 n	(P-469) (E-732)	235.45 am	(P-439; A-10181)	(P-4368; A-11224)
1810.1000 n	(P-469) (E-732)	235.50 am	(P-439; A-10181)	(P-4368; A-11224)
1810.1010 n	(P-469) (E-732)	235.50 am	(P-439; A-10181)	(P-4368; A-11224)
1810.1020 n	(P-469) (E-732)	235.50 am	(P-439; A-10181)	(P-4368; A-11224)
1810.1100 n	(P-469) (E-732)	235.50 am	(P-439; A-10181)	(P-4368; A-11224)
1810.1110 n	(P-469) (E-732)	235.50 am	(P-439; A-10181)	(P-4368; A-11224)



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		(P-12659)	183.350	am	(P-12017; W-12792)
183.140	am	(P-12017; W-12792)			(P-12659)
		(P-12659)	183.355	am	(P-12017; W-12792)
183.145	am	(P-12017; W-12792)			(P-12659)
		(P-12659)	183.360	am	(P-12017; W-12792)
183.150	am	(P-12017; W-12792)			(P-12659)
		(P-12659)	183.365	am	(P-12017; W-12792)
183.160	am	(P-12017; W-12792)			(P-12659)
		(P-12659)	183.370	am	(P-12017; W-12792)
183.170	r	(P-12017; W-12792)			(P-12659)
		(P-12659)	183.406	n	(P-12017; W-12792)
183.210	am	(P-12017; W-12792)			(P-12659)
		(P-12659)	183.410	am	(P-12017; W-12792)
183.215	am	(P-12017; W-12792)			(P-12659)
		(P-12659)	183.415	am	(P-12017; W-12792)
183.220	am	(P-12017; W-12792)			(P-12659)
		(P-12659)	183.420	am	(P-12017; W-12792)
183.225	am	(P-12017; W-12792)			(P-12659)
		(P-12659)	183.425	am	(P-12017; W-12792)
183.230	am	(P-12017; W-12792)			(P-12659)
		(P-12659)	183.430	am	(P-12017; W-12792)
183.231	n	(P-12017; W-12792)			(P-12659)
		(P-12659)	183.435	am	(P-12017; W-12792)
183.235	am	(P-12017; W-12792)			(P-12659)
		(P-12659)	183.440	am	(P-12017; W-12792)
183.235	am	(P-12017; W-12792)			(P-12659)
		(P-12659)	183.445	am	(P-12017; W-12792)
183.240	am	(P-12017; W-12792)			(P-12659)



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183.450	am	(P-12017; W-12792)	240.102	am	(P-12109/91; A-6184)
		(P-12659)	240.107	n	(P-12109/91; A-6184)
183.Ap.A	am	(P-12017; W-12792)	240.122	am	(P-12109/91; A-6184)
		(P-12659)	240.140	n	(P-12109/91; A-6184)
183.Ap.B	n	(P-12017; W-12792)	240.141	n	(P-12109/91; A-6184)
		(P-12659)	243.108	am	(P-16; A-8185)
190	n	(P-12017; W-12792)	243.120	n	(P-16; A-8185)
		(P-12659)	243.121	r	(P-16; A-8185)
203.145	am	(P-6631; A-13551)	244.101	am	(P-22; A-8191)
211.101	am	(P-15875/91; A-7656)	244.106	am	(P-22; A-8191)
211.122	am	(P-15875/91; A-7656)	244.107	am	(P-22; A-8191)
		(P-6606; A-13526)	244.121	am	(P-22; A-8191)
212.107	n	(P-16564/91; A-7880)	244.161	am	(P-22; A-8191)
212.108	n	(P-16564/91; A-7880)	244.162	am	(P-22; A-8191)
212.109	n	(P-16564/91; A-7880)	244.163	am	(P-22; A-8191)
212.110	am	(P-16564/91; A-7880)	244.166	am	(P-22; A-8191)
212.113	am	(P-16564/91; A-7880)	244.167	am	(P-22; A-8191)
		(P-41; A-8204)	244.168	am	(P-22; A-8191)
212.210	n	(P-16564/91; A-7880)	244.169	am	(P-22; A-8191)
212.302	am	(P-16564/91; A-7880)	246.Ap.D		(P-22; A-8191)
212.309	am	(P-16564/91; A-7880)	276.101	am	(P-13607; A-10230)
212.316	n	(P-16564/91; A-7880)	276.102	am	(P-13607; A-10230)
212.324	n	(P-16564/91; A-7880)	276.204	am	(P-13607; A-10230)
212.362	n	(P-16564/91; A-7880)	276.206	n	(P-13607; A-10230)
212.424	am	(P-41; A-8204)	276.301	am	(P-13607; A-10230)
212.425	n	(P-16564/91; A-7880)	276.303	am	(P-13607; A-10230)
212.443	am	(P-41; A-8204)	276.304	am	(P-13607; A-10230)
212.445	am	(P-41; A-8204)	276.307	am	(P-13607; A-10230)
212.458	n	(P-16564/91; A-7880)	276.308	n	(P-13607; A-10230)
212.464	n	(P-16564/91; A-7880)	276.309	am	(P-13607; A-10230)
212.II.D	n	(P-16564/91; A-7880)	276.311	am	(P-13607; A-10230)
212.II.E	n	(P-16564/91; A-7880)	276.401	am	(P-13607; A-10230)
212.II.F	n	(P-16564/91; A-7880)	276.402	am	(P-13607; A-10230)
215.100	am	(P-4682; A-13849)	276.701	am	(P-13607; A-10230)
215.109	am	(P-6635; A-13555)	276.702	am	(P-13607; A-10230)
215.123	am	(P-4170; A-13849)	276.703	am	(P-13607; A-10230)
215.215	n	(P-11059/91; A-3132)	303.203	am	(P-17026/91; W-7511)
215.583	am	(P-4170; A-13849)			(P-7302; A-14684)
216.382	n	(P-9297)	307.1101	am	(P-17523/91; A-7377)
218.103	am	(P-4693; A-13864)	307.2400	am	(P-17523/91; A-7377)
218.104	am	(P-6643; A-13564)	307.2401	am	(P-17523/91; A-7377)
218.106	am	(P-4693; A-13864)	307.2402	am	(P-17523/91; A-7377)
218.113	n	(P-6643; A-13564)	307.2403	am	(P-17523/91; A-7377)
218.583	am	(P-4184; A-13864)	307.2404	am	(P-17523/91; A-7377)
218.586	n	(P-4184; A-13864)	307.2405	am	(P-17523/91; A-7377)
219.104	am	(P-6676; A-13597)	307.2406	am	(P-17523/91; A-7377)
219.113	n	(P-6676; A-13597)	307.2407	am	(P-17523/91; A-7377)
219.583	am	(P-4200; A-13883)	307.2490	am	(P-17523/91; A-7377)
219.586	n	(P-4200; A-13883)	307.3100	am	(P-17523/91; A-7377)
232.Ap.A	n	(P-14969/91; O-13372)	307.3109	am	(P-17523/91; A-7377)

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307.3115	am	(P-17523/91; A-7377)	365.604	am	(P-3745; A-15073)
307.3119	am	(P-17523/91; A-7377)	365.803	n	(P-3745; A-15073)
307.3120	am	(P-17523/91; A-7377)	365.903	am	(P-3745; A-15073)
307.3124	am	(P-17523/91; A-7377)	365.1101	am	(P-3745; A-15073)
307.3129	am	(P-17523/91; A-7377)	601.105	am	(P-9829/91; O-17792/91)
309.103	am	(P-17471/91; A-7339)			R-1713; A-1585)
310.103	am	(P-17481/91; A-7346)	611.101	am	(P-5582)
310.105	am	(P-17481/91; A-7346)	611.102	am	(P-5582)
310.107	am	(P-17481/91; A-7346)	611.110	am	(P-5582)
310.110	am	(P-17481/91; A-7346)	611.111	am	(P-5582)
310.201	am	(P-17481/91; A-7346)	611.112	am	(P-5582)
310.202	am	(P-17481/91; A-7346)	611.295	n	(P-5582)
310.210	am	(P-17481/91; A-7346)	611.296	n	(P-5582)
310.220	am	(P-17481/91; A-7346)	611.300	am	(P-5582)
310.221	am	(P-17481/91; A-7346)	611.301	n	(P-5582)
310.222	am	(P-17481/91; A-7346)	611.310	am	(P-5582)
310.230	am	(P-17481/91; A-7346)	611.311	am	(P-5582)
310.232	am	(P-17481/91; A-7346)	611.526	am	(P-5582)
310.233	am	(P-17481/91; A-7346)	611.591	#	(P-5582)
310.330	am	(P-17481/91; A-7346)	611.592	#	(P-5582)
310.510	am	(P-17481/91; A-7346)	611.600	n	(P-5582)
310.611	am	(P-17481/91; A-7346)	611.601	am	(P-5582)
310.613	am	(P-17481/91; A-7346)	611.602	#	(P-5582)
310.633	am	(P-17481/91; A-7346)	611.602	n	(P-5582)
310.635	am	(P-17481/91; A-7346)	611.603	#	(P-5582)
320.101	n	(P-12746)	611.603	n	(P-5582)
320.102	n	(P-12746)	611.604	n	(P-5582)
320.103	n	(P-12746)	611.605	n	(P-5582)
320.104	n	(P-12746)	611.606	am	(P-5582)
320.105	n	(P-12746)	611.607	am	(P-5582)
320.201	n	(P-12746)	611.608	n	(P-5582)
320.202	n	(P-12746)	611.609	n	(P-5582)
320.203	n	(P-12746)	611.610	#	(P-5582)
320.204	n	(P-12746)	611.610	n	(P-5582)
320.301	n	(P-12746)	611.611	n	(P-5582)
320.302	n	(P-12746)	611.630	#	(P-5582)
360.601	am	(P-15202/91; A-5891)	611.631	n	(P-5582)
360.602	am	(P-15202/91; A-5891)	611.640	n	(P-5582)
365.103	am	(P-3745; A-15073)	611.641	am	(P-5582)
365.104	am	(P-3745; A-15073)	611.645	am	(P-5582)
365.203	am	(P-3745; A-15073)	611.646	n	(P-5582)
365.304	am	(P-3745; A-15073)	611.647	#	(P-5582)
365.401	am	(P-3745; A-15073)	611.647	am	(P-5582)
365.402	am	(P-3745; A-15073)	611.648	#	(P-5582)
365.403	am	(P-3745; A-15073)	611.648	n	(P-5582)
365.404	am	(P-3745; A-15073)	611.650	r	(P-5582)
365.405	am	(P-3745; A-15073)	611.657	r	(P-5582)
365.503	am	(P-3745; A-15073)	611.658	n	(P-5582)
365.602	am	(P-3745; A-15073)	611.851	am	(P-5582)
365.603	am	(P-3745; A-15073)	611.Ap.A	am	(P-5582)







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616.203	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.204	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.205	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.206	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.207	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.208	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.209	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.210	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.211	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.301	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.302	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.303	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.304	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.305	n		(P-9836/91; O-17793/91; R-1723; A-1592)
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616.602	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.603	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.604	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.605	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.621	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.622	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.623	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.624	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.625	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.701	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.702	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.703	n		(P-9836/91; O-17793/91; R-1723; A-1592)
616.704	n		(P-9836/91; O-17793/91; R-1723; A-1592)
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722.134	am	(P-1112; A-9822)	726.Ap.L	n	(P-1148; A-9858)	731.171	r	(P-2330; A-7407)
722.153	am	(P-9358)	726.Tb.A	n	(P-1148; A-9858)	731.172	r	(P-2330; A-7407)
722.156	am	(P-9358)	728.107	am	(P-916; A-9619)	731.173	r	(P-2330; A-7407)
724.212	am	(P-1123; A-9833)	728.110	n	(P-916; A-9619)	731.174	r	(P-2330; A-7407)
724.247	am	(P-9364)	728.111	n	(P-916; A-9619)	731.190	r	(P-2330; A-7407)
724.440	am	(P-1123; A-9833)	728.112	n	(P-916; A-9619)	731.191	r	(P-2330; A-7407)
724.930	am	(P-1123; A-9833)	728.113	n	(P-916; A-9619)	731.192	r	(P-2330; A-7407)
724.935	am	(P-1123; A-9833)	728.133	am	(P-916; A-9619)	731.193	r	(P-2330; A-7407)
725.113	am	(P-875; A-9578)	728.135	am	(P-916; A-9619)	731.194	r	(P-2330; A-7407)
725.173	am	(P-875; A-9578)	728.140	am	(P-916; A-9619)	731.195	r	(P-2330; A-7407)
725.191	am	(P-9336)	728.141	am	(P-916; A-9619)	731.196	r	(P-2330; A-7407)
725.212	am	(P-875; A-9578)	728.142	am	(P-916; A-9619)	731.197	r	(P-2330; A-7407)
725.213	am	(P-875; A-9578)	728.144	am	(P-916; A-9619)	731.198	r	(P-2330; A-7407)
725.247	am	(P-9336)	728.Ap.D	am	(P-916; A-9619)	731.199	r	(P-2330; A-7407)
725.440	am	(P-875; A-9578)	728.Ap.E	am	(P-916; A-9619)	731.200	r	(P-2330; A-7407)
725.470	am	(P-875; A-9578)	728.Ap.G	am	(P-916; A-9619)	731.202	r	(P-2330; A-7407)
725.935	am	(P-875; A-9578)	728.Ap.H	am	(P-916; A-9619)	731.203	r	(P-2330; A-7407)
725.952	am	(P-875; A-9578)	728.Ap.I	n	(P-916; A-9619)	731.204	r	(P-2330; A-7407)
726.130	r	(P-1148; A-9858)	728.Tb.A	am	(P-916; A-9619)	731.205	r	(P-2330; A-7407)
726.131	r	(P-1148; A-9858)	728.Tb.B	am	(P-916; A-9619)	731.206	r	(P-2330; A-7407)
726.132	r	(P-1148; A-9858)	728.Tb.C	am	(P-916; A-9619)	731.207	r	(P-2330; A-7407)
726.133	r	(P-1148; A-9858)	728.Tb.D	am	(P-916; A-9619)	731.208	r	(P-2330; A-7407)
726.134	r	(P-1148; A-9858)	728.Tb.E	am	(P-916; A-9619)	731.209	r	(P-2330; A-7407)
726.135	r	(P-1148; A-9858)	728.Tb.H	n	(P-916; A-9619)	731.210	r	(P-2330; A-7407)
726.140	am	(P-1148; A-9858)	731.110	am	(P-2330; A-7407)	731.211	r	(P-2330; A-7407)
726.200	n	(P-1148; A-9858)	731.111	r	(P-2330; A-7407)	731.Ap.A	am	(P-2330; A-7407)
726.201	n	(P-1148; A-9858)	731.112	am	(P-2330; A-7407)	731.Ap.C	am	(P-2330; A-7407)
726.202	n	(P-1148; A-9858)	731.113	am	(P-2330; A-7407)	809.901	r	(P-13017/91; A-130)
726.203	n	(P-1148; A-9858)	731.114	r	(P-2330; A-7407)	809.902	r	(P-13017/91; A-130)
726.204	n	(P-1148; A-9858)	731.120	r	(P-2330; A-7407)	809.903	r	(P-13017/91; A-130)
726.205	n	(P-1148; A-9858)	731.121	r	(P-2330; A-7407)	809.904	r	(P-13017/91; A-130)
726.206	n	(P-1148; A-9858)	731.122	am	(P-2330; A-7407)	809.905	r	(P-13017/91; A-130)
726.207	n	(P-1148; A-9858)	731.130	r	(P-2330; A-7407)	809.906	r	(P-13017/91; A-130)
726.208	n	(P-1148; A-9858)	731.131	r	(P-2330; A-7407)	848.101	am	(P-13004/91; A-3114)
726.209	n	(P-1148; A-9858)	731.132	r	(P-2330; A-7407)	848.202	am	(P-13004/91; A-3114)
726.210	n	(P-1148; A-9858)	731.133	r	(P-2330; A-7407)	848.205	am	(P-13004/91; A-3114)
726.211	n	(P-1148; A-9858)	731.134	r	(P-2330; A-7407)	848.206	n	(P-13004/91; A-3114)
726.212	n	(P-1148; A-9858)	731.140	r	(P-2330; A-7407)	848.207	n	(P-13004/91; A-3114)
726.219	n	(P-1148; A-9858)	731.141	r	(P-2330; A-7407)	848.208	n	(P-13004/91; A-3114)
726.Ap.A	n	(P-1148; A-9858)	731.142	r	(P-2330; A-7407)	849.101	r	(P-13265/91; A-2880)
726.Ap.B	n	(P-1148; A-9858)	731.143	r	(P-2330; A-7407)	849.102	r	(P-13265/91; A-2880)
726.Ap.C	n	(P-1148; A-9858)	731.144	r	(P-2330; A-7407)	849.103	r	(P-13265/91; A-2880)
726.Ap.D	n	(P-1148; A-9858)	731.145	r	(P-2330; A-7407)	849.104	r	(P-13265/91; A-2880)
726.Ap.E	n	(P-1148; A-9858)	731.150	r	(P-2330; A-7407)	849.105	r	(P-13265/91; A-2880)
726.Ap.F	n	(P-1148; A-9858)	731.151	r	(P-2330; A-7407)	849.106	r	(P-13265/91; A-2880)
726.Ap.G	n	(P-1148; A-9858)	731.152	r	(P-2330; A-7407)	858.207	am	(P-4621)
726.Ap.H	n	(P-1148; A-9858)	731.153	r	(P-2330; A-7407)	859.101	n	(P-8348/91; A-6995)
726.Ap.I	n	(P-1148; A-9858)	731.161	am	(P-2330; A-7407)	859.102	n	(P-8348/91; A-6995)
726.Ap.J	n	(P-1148; A-9858)	731.162	am	(P-2330; A-7407)	859.103	n	(P-8348/91; A-6995)

TITLE 38

180.10 am  
 180.22 n  
 180.24 n



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TITLE 38 (CONT'D)			200.446	n	(P-7250; A-12879)
180.30	am	(P-14006)	200.448	n	(P-7250; A-12879)
180.92	n	(P-14006)	200.450	n	(P-7250; A-12879)
180.94	n	(P-14006)	200.452	n	(P-7250; A-12879)
180.100	am	(P-14006)	307.10	n	(P-5391; A-12416)
190.40	am	(P-12754) (E-12781)	307.20	n	(P-5391; A-12416)
200.100	n	(P-7250; A-12879)	310.710	r	(P-10125) (E-10353)
200.110	n	(P-7250; A-12879)			RC-12643)
200.155	n	(P-7250; A-12879)	354.10	n	(P-5395; A-12420)
200.160	n	(P-7250; A-12879)	354.20	n	(P-5395; A-12420)
200.165	n	(P-7250; A-12879)	400.130	am	(P-14394/91; A-4881)
200.200	n	(P-7250; A-12879)	400.141	am	(P-14394/91; A-4881)
200.205	n	(P-7250; A-12879)	400.142	am	(P-14394/91; A-4881)
200.210	n	(P-7250; A-12879)	450.250	am	(P-12406) (E-12634)
200.215	n	(P-7250; A-12879)	450.255	n	(P-12406) (E-12634)
200.220	n	(P-7250; A-12879)	450.290	am	(P-12406) (E-12634)
200.221	n	(P-7250; A-12879)	450.440	am	(P-2763; A-10463)
200.225	n	(P-7250; A-12879)			(E-2915)
200.230	n	(P-7250; A-12879)	450.1010	am	(P-2763; A-10463)
200.235	n	(P-7250; A-12879)			(E-2915)
200.240	n	(P-7250; A-12879)	450.1250	am	(P-2763; A-10463)
200.245	n	(P-7250; A-12879)			(E-2915)
200.250	n	(P-7250; A-12879)	450.1335	am	(P-2763; A-10463)
200.270	n	(P-7250; A-12879)			(E-2915)
200.280	n	(P-7250; A-12879)	450.1340	am	(P-2763; A-10463)
200.290	n	(P-7250; A-12879)			(E-2915)
200.310	n	(P-7250; A-12879)	1075.120	am	(P-14406/91; A-4891)
200.320	n	(P-7250; A-12879)			
200.400	n	(P-7250; A-12879)	TITLE 41		
200.402	n	(P-7250; A-12879)	102.1	n	(P-17442/91; A-11172)
200.404	n	(P-7250; A-12879)	102.5	n	(P-17442/91; A-11172)
200.406	n	(P-7250; A-12879)	102.10	n	(P-17442/91; A-11172)
200.408	n	(P-7250; A-12879)	102.15	n	(P-17442/91; A-11172)
200.410	n	(P-7250; A-12879)	102.20	n	(P-17442/91; A-11172)
200.412	n	(P-7250; A-12879)	102.25	n	(P-17442/91; A-11172)
200.414	n	(P-7250; A-12879)	102.30	n	(P-17442/91; A-11172)
200.416	n	(P-7250; A-12879)	102.35	n	(P-17442/91; A-11172)
200.418	n	(P-7250; A-12879)	102.40	n	(P-17442/91; A-11172)
200.420	n	(P-7250; A-12879)	102.45	n	(P-17442/91; A-11172)
200.422	n	(P-7250; A-12879)	102.50	n	(P-17442/91; A-11172)
200.424	n	(P-7250; A-12879)	102.55	n	(P-17442/91; A-11172)
200.426	n	(P-7250; A-12879)	102.60	n	(P-17442/91; A-11172)
200.428	n	(P-7250; A-12879)	102.65	n	(P-17442/91; A-11172)
200.430	n	(P-7250; A-12879)	120.10	am	(P-15823/91; A-6808)
200.432	n	(P-7250; A-12879)	120.900	am	(P-15823/91; A-6808)
200.434	n	(P-7250; A-12879)	120.1000	am	(P-15823/91; A-6808)
200.436	n	(P-7250; A-12879)	120.1010	n	(P-15823/91; A-6808)
200.438	n	(P-7250; A-12879)	120.1020	n	(P-15823/91; A-6808)
200.440	n	(P-7250; A-12879)	120.1030	n	(P-15823/91; A-6808)
200.442	n	(P-7250; A-12879)	120.1040	n	(P-15823/91; A-6808)
200.444	n	(P-7250; A-12879)	120.1041	n	(P-15823/91; A-6808)

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120.1100	am	(P-15823/91; A-6808)	215.20	n	(P-1954)
120.1200	am	(P-15823/91; A-6808)	215.30	n	(P-1954)
120.1280	am	(P-15823/91; A-6808)	215.40	n	(P-1954)
120.Ap.B	n	(P-15823/91; A-6808)	215.50	n	(P-1954)
140.8	am	(P-14017)	215.60	n	(P-1954)
140.12	am	(P-14017)	215.70	n	(P-1954)
140.18	n	(P-14017)	270.10	n	(P-14845/91; A-6842)
140.40	am	(P-14017)	270.20	n	(P-14845/91; A-6842)
140.50	am	(P-14017)	270.30	n	(P-14845/91; A-6842)
140.55	am	(P-14017)	270.40	n	(P-14845/91; A-6842)
140.60	am	(P-14017)	270.50	n	(P-14845/91; A-6842)
140.65	am	(P-14017)	270.60	n	(P-14845/91; A-6842)
140.70	am	(P-14017)	270.70	n	(P-14845/91; A-6842)
140.80	am	(P-14017)	270.80	n	(P-14845/91; A-6842)
140.90	am	(P-14017)	300.10	n	(P-10560)
140.130	am	(P-14017)	300.15	n	(P-10560)
140.140	am	(P-14017)	300.20	n	(P-10560)
140.150	am	(P-14017)	300.25	n	(P-10560)
140.160	am	(P-14017)	300.30	n	(P-10560)
140.171	am	(P-14017)	300.35	n	(P-10560)
140.180	am	(P-14017)	300.40	n	(P-10560)
140.185	am	(P-14017)	300.50	n	(P-10560)
140.220	am	(P-14017)			
140.230	am	(P-14017)			
140.232	n	(P-14017)	1.100	am	(P-12808) (E-13118)
	#	(P-14017)	1.350	am	(P-12808) (E-13118)
140.234	n	(P-14017)	1.515	n	(P-12808) (E-13118)
	#	(P-14017)	1.530	am	(P-12808) (E-13118)
140.236	n	(P-14017)	1.610	am	(P-12808) (E-13118)
	#	(P-14017)	1.620	am	(P-12808) (E-13118)
140.240	n	(P-14017)	1.630	am	(P-12808) (E-13118)
140.250	n	(P-14017)	950.110	r	(P-3695; A-12424)
140.305	am	(P-14017)	950.120	r	(P-3695; A-12424)
140.310	am	(P-14017)	950.130	r	(P-3695; A-12424)
140.390	am	(P-14017)	950.140	r	(P-3695; A-12424)
140.400	am	(P-14017)	950.150	r	(P-3695; A-12424)
140.420	n	(P-14017)	950.160	r	(P-3695; A-12424)
170.800	n	(P-10875/91; A-4845)	950.170	r	(P-3695; A-12424)
170.810	n	(P-10875/91; A-4845)	950.180	r	(P-3695; A-12424)
170.820	n	(P-10875/91; A-4845)	950.210	r	(P-3695; A-12424)
170.830	n	(P-10875/91; A-4845)	950.220	r	(P-3695; A-12424)
170.840	n	(P-10875/91; A-4845)	950.230	r	(P-3695; A-12424)
170.850	n	(P-10875/91; A-4845)	950.240	r	(P-3695; A-12424)
170.860	n	(P-10875/91; A-4845)	950.250	r	(P-3695; A-12424)
170.870	n	(P-10875/91; A-4845)	950.260	r	(P-3695; A-12424)
170.880	n	(P-10875/91; A-4845)	950.270	r	(P-3695; A-12424)
170.890	n	(P-10875/91; A-4845)	950.280	r	(P-3695; A-12424)
170.900	n	(P-10875/91; A-4845)	950.290	r	(P-3695; A-12424)
170.910	n	(P-10875/91; A-4845)	950.300	r	(P-3695; A-12424)
215.1	n	(P-1954)	5000.900	n	(P-11378)







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7020.80	am	(P-14511)	300.400	r
TITLE 56				
120.100	n	(P-1997)	300.410	r
120.110	n	(P-1997)		
120.120	n	(P-1997)	300.420	r
120.130	n	(P-1997)		
120.140	n	(P-1997)	300.430	r
120.150	n	(P-1997)		
120.160	n	(P-1997)	300.440	n
120.170	n	(P-1997)		
250.105	am	(P-15862/91; A-5335)	300.450	n
250.110	r	(P-15862/91; A-5335)		
250.115	r	(P-15862/91; A-5335)	300.460	n
250.120	r	(P-15862/91; A-5335)		
250.125	r	(P-15862/91; A-5335)	300.500	n
250.130	r	(P-15862/91; A-5335)		
250.135	r	(P-15862/91; A-5335)	300.510	n
250.140	r	(P-15862/91; A-5335)		
250.145	r	(P-15862/91; A-5335)	300.520	n
250.150	r	(P-15862/91; A-5335)		
250.200	am	(P-15862/91; A-5335)	300.600	n
250.500	am	(P-15862/91; A-5335)		
250.600	am	(P-15862/91; A-5335)	300.610	n
250.700	am	(P-15862/91; A-5335)		
250.705	n	(P-15862/91; A-5335)	300.620	n
250.710	n	(P-15862/91; A-5335)		
250.715	n	(P-15862/91; A-5335)	300.630	n
250.805	am	(P-15862/91; A-5335)		
250.820	am	(P-15862/91; A-5335)	300.640	n
250.825	am	(P-15862/91; A-5335)		
250.855	n	(P-15862/91; A-5335)	300.700	n
250.860	n	(P-15862/91; A-5335)		
300.100	r	(P-4626; C-6897; A-13828)	300.710	n
300.110	r	(P-4626; C-6897; A-13828)	300.720	n
300.120	r	(P-4626; C-6897; A-13828)	300.730	n
300.200	r	(P-4626; C-6897; A-13828)	300.740	n
300.210	r	(P-4626; C-6897; A-13828)	300.750	n
300.220	r	(P-4626; C-6897; A-13828)	300.760	n
300.230	r	(P-4626; C-6897; A-13828)	300.770	n
300.300	r	(P-4626; C-6897; A-13828)	300.780	n
300.310	r	(P-4626; C-6897; A-13828)		

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300.790	n	(P-4626; C-6897; A-13828)	350.290	n (P-3260)
300.800	n	(P-4626; C-6897; A-13828)	350.300	n (P-3260)
300.810	n	(P-4626; C-6897; A-13828)	350.310	n (P-3260)
300.820	n	(P-4626; C-6897; A-13828)	350.400	n (P-4645; C-6057)
300.830	n	(P-4626; C-6897; A-13828)	350.410	n (P-4645; C-6057)
300.840	n	(P-4626; C-6897; A-13828)	350.420	n (P-4645; C-6057)
300.850	n	(P-4626; C-6897; A-13828)	350.430	n (P-4645; C-6057)
300.860	n	(P-4626; C-6897; A-13828)	350.440	n (P-4645; C-6057)
300.870	n	(P-4626; C-6897; A-13828)	350.450	n (P-4645; C-6057)
300.880	n	(P-4626; C-6897; A-13828)	350.460	n (P-4645; C-6057)
300.890	n	(P-4626; C-6897; A-13828)	350.470	n (P-4645; C-6057)
300.900	n	(P-4626; C-6897; A-13828)	350.480	n (P-4645; C-6057)
300.910	n	(P-4626; C-6897; A-13828)	350.490	n (P-4645; C-6057)
300.920	n	(P-4626; C-6897; A-13828)	350.500	n (P-4645; C-6057)
300.930	n	(P-4626; C-6897; A-13828)	350.510	n (P-4645; C-6057)
300.940	n	(P-4626; C-6897; A-13828)	350.520	n (P-4645; C-6057)
300.950	n	(P-4626; C-6897; A-13828)	350.530	n (P-4645; C-6057)
300.960	n	(P-4626; C-6897; A-13828)	350.540	n (P-4645; C-6057)
300.970	n	(P-4626; C-6897; A-13828)	350.550	n (P-4645; C-6057)
300.980	n	(P-4626; C-6897; A-13828)	350.560	n (P-4645; C-6057)
300.990	n	(P-4626; C-6897; A-13828)	350.570	n (P-4645; C-6057)
300.1000	n	(P-4626; C-6897; A-13828)	350.580	n (P-4645; C-6057)
300.1010	n	(P-4626; C-6897; A-13828)	350.590	n (P-4645; C-6057)
300.1020	n	(P-4626; C-6897; A-13828)	350.600	n (P-4645; C-6057)
350.10	am	(P-1; A-8518)	350.610	n (P-4645; C-6057)
350.280	am	(P-1; P-3780; A-8518)	350.620	n (P-4645; C-6057)







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132.100	n (P-7;A-9006;RC-8252) (E-211)	400.100 400.110 400.120
132.105	n (P-7;A-9006;RC-8252) (E-211)	
132.110	n (P-7;A-9006;RC-8252) (E-211)	
132.115	n (P-7;A-9006;RC-8252) (E-211)	
132.120	n (P-7;A-9006;RC-8252) (E-211)	
132.125	n (P-7;A-9006;RC-8252) (E-211)	
132.130	n (P-7;A-9006;RC-8252) (E-211)	
132.135	n (P-7;A-9006;RC-8252) (E-211)	
132.140	n (P-7;A-9006;RC-8252) (E-211)	
132.145	n (P-7;A-9006;RC-8252) (E-211)	
132.150	n (P-7;A-9006;RC-8252) (E-211)	
132.155	n (P-7;A-9006;RC-8252) (E-211)	
132.160	n (P-7;A-9006;RC-8252) (E-211)	
132.165	n (P-7;A-9006;RC-8252) (E-211)	
132.170	n (P-7;A-9006;RC-8252) (E-211)	
132.Ap.A	n (P-7;A-9006;RC-8252) (E-211)	
132.Ap.B	n (P-7;A-9006;RC-8252) (E-211)	
.Tb.A	n (P-7;A-9006;RC-8252) (E-211)	
.Tb.B	n (P-7;A-9006;RC-8252) (E-211)	
.Tb.C	n (P-7;A-9006;RC-8252) (E-211)	
135.30	am (E-2648)	
400.10	n (P-11996)	
400.20	n (P-11996)	
400.30	n (P-11996)	
400.40	n (P-11996)	
400.50	n (P-11996)	
400.60	n (P-11996)	
400.70	n (P-11996)	
400.80	n (P-11996)	
400.90	n (P-11996)	

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240.1400	r	(P-14365/91; P-14679/91; A-2576)	240.1500 n (P-14365/91; P-14679/91; A-2576)
240.1400	n	(P-14365/91; P-14679/91; A-2576)	240.1510 n (P-14365/91; P-14679/91; A-2576)
240.1405	r	(P-14365/91; P-14679/91; A-2576)	240.1520 n (P-14365/91; P-14679/91; A-2576)
240.1410	r	(P-14365/91; P-14679/91; A-2576)	240.1530 n (P-14365/91; P-14679/91; A-2576)
240.1410	n	(P-14365/91; P-14679/91; A-2576)	1701. Ap-A (P-10644)
			1702.11 am (P-10631)
			1702.12 am (P-10631)
240.1420	r	(P-14365/91; P-14679/91; A-2576)	1702.17 am (P-10631)
			1702.18 am (P-10631)
			1705.21 am (P-10790)
240.1420	n	(P-14365/91; P-14679/91; A-2576)	1761.5 n (P-10596)
			1761.11 am (P-10596)
			1761.12 am (P-10596)
240.1430	r	(P-14365/91; P-14679/91; A-2576)	1764.19 am (P-10831)
			1772.12 am (P-10762)
			1773.13 am (P-10768)
240.1430	am	(P-3282; A-15513)	1773.15 am (P-10768)
240.1440	r	(P-14365/91; P-14679/91; A-2576)	1773.20 am (P-10768)
			1773.21 am (P-10768)
			1774.11 am (P-10793)
240.1440	n	(P-14365/91; P-14679/91; A-2576)	1774.13 am (P-10793)
			1774.15 am (P-10793)
240.1450	r	(P-14365/91; P-14679/91; A-2576)	1775.1 am (P-10590)
			1775.11 am (P-10590)
			1775.13 am (P-10590)
240.1450	am	(P-14365/91; P-14679/91; A-2576)	1777.17 am (P-10640)
			1778.15 am (P-10758)
			1779.19 am (P-10835)
			1780.21 am (P-10839)
			1780.33 am (P-10839)
240.1460	r	(P-14365/91; P-14679/91; A-2576)	1780.38 am (P-10839)
			1783.19 am (P-10849)
			1784.14 am (P-10853)
240.1460	am	(P-14365/91; P-14679/91; A-2576)	1784.18 am (P-10853)
			1784.27 am (P-10853)
			1785.13 am (P-10784)
			1800.11 am (P-10607)
240.1470	r	(P-14365/91; P-14679/91; A-2576)	1800.40 am (P-10607)
			1800.50 am (P-10607)
			1816.42 am (P-10695)
240.1500	r	(P-14365/91; P-14679/91; A-2576)	1816.43 am (P-10695)
			1816.49 am (P-10695)



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1816.84	am	(P-10695)
1816.116	am	(P-10695)
1816.117	am	(P-10695)
1816.151	am	(P-10695)
1817.42	am	(P-10726)
1817.42	am	(P-10726)
1817.43	am	(P-10726)
1817.49	am	(P-10726)
1817.84	am	(P-10726)
1817.116	am	(P-10726)
1817.117	am	(P-10726)
1817.151	am	(P-10726)
1817.182	am	(P-10726)
1827.12	am	(P-10803)
1843.12	am	(P-10807)
1843.13	am	(P-10807)
1843.14	am	(P-10807)
1843.15	am	(P-10807)
1843.16	r	(P-10807)
1843.17	r	(P-10807)
1843.20	r	(P-10807)
1843.21	r	(P-10807)
1845.12	am	(P-10619)
1845.13	am	(P-10619)
1845.17	am	(P-10619)
1845.18	am	(P-10619)
1845.19	r	(P-10619)
1845.20	am	(P-10619)
1846.17	am	(P-10691)
1846.18	am	(P-10691)
1847.1	n	(P-10569)
1847.2	n	(P-10569)
1847.3	n	(P-10569)
1847.4	n	(P-10569)
1847.5	n	(P-10569)
1847.6	n	(P-10569)
1847.7	n	(P-10569)
1847.8	n	(P-10569)
1848.1	n	(P-10669)
1848.2	n	(P-10669)
1848.3	n	(P-10669)
1848.5	n	(P-10669)
1848.6	n	(P-10669)
1848.7	n	(P-10669)
1848.8	n	(P-10669)
1848.9	n	(P-10669)
1848.11	n	(P-10669)
1848.12	n	(P-10669)
1848.13	n	(P-10669)
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1848.16	n	(P-8671)
1848.17	n	(P-8671)
1848.18	n	(P-8671)
1848.19	n	(P-8671)
1848.20	n	(P-8671)
1848.21	n	(P-8671)
1848.22	n	(P-8671)
2501.37	n	(P-8671)
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1848.16	am	(P-15056)
1848.17	am	(P-15056)
1848.18	n	(P-15056)
1848.19	n	(E-12785) (P-15056)
1848.20	n	(E-12785) (P-15056)
1848.21	n	(P-12094/91; A-3096)
1848.22	n	(P-12094/91; A-3096)
1848.23	n	(P-12094/91; A-3096)
1848.24	n	(P-12094/91; A-3096)
1848.25	n	(P-12094/91; A-3096)
1848.26	n	(P-12094/91; A-3096)
1848.27	n	(P-12094/91; A-3096)
1848.28	n	(P-12094/91; A-3096)
1848.29	n	(P-12094/91; A-3096)
1848.30	n	(P-12094/91; A-3096)
1848.31	n	(P-12094/91; A-3096)
1848.32	n	(P-12094/91; A-3096)
1848.33	n	(P-12094/91; A-3096)
1848.34	n	(P-12094/91; A-3096)
1848.35	n	(P-12094/91; A-3096)
1848.36	n	(P-12094/91; A-3096)
1848.37	n	(P-12094/91; A-3096)
1848.38	n	(P-12094/91; A-3096)
1848.39	n	(P-12094/91; A-3096)
1848.40	n	(P-12094/91; A-3096)
1848.41	n	(P-12094/91; A-3096)
1848.42	n	(P-12094/91; A-3096)
1848.43	n	(P-12094/91; A-3096)
1848.44	n	(P-12094/91; A-3096)
1848.45	n	(P-12094/91; A-3096)
1848.46	n	(P-12094/91; A-3096)
1848.47	n	(P-12094/91; A-3096)
1848.48	n	(P-12094/91; A-3096)
1848.49	n	(P-12094/91; A-3096)
1848.50	n	(P-12094/91; A-3096)
1848.51	n	(P-12094/91; A-3096)
1848.52	n	(P-12094/91; A-3096)
1848.53	n	(P-12094/91; A-3096)
1848.54	n	(P-12094/91; A-3096)
1848.55	n	(P-12094/91; A-3096)
1848.56	n	(P-12094/91; A-3096)
1848.57	n	(P-12094/91; A-3096)
1848.58	n	(P-12094/91; A-3096)
1848.59	n	(P-12094/91; A-3096)
1848.60	n	(P-12094/91; A-3096)
1848.61	n	(P-12094/91; A-3096)
1848.62	n	(P-12094/91; A-3096)
1848.63	n	(P-12094/91; A-3096)
1848.64	n	(P-12094/91; A-3096)
1848.65	n	(P-12094/91; A-3096)
1848.66	n	(P-12094/91; A-3096)
1848.67	n	(P-12094/91; A-3096)
1848.68	n	(P-12094/91; A-3096)
1848.69	n	(P-12094/91; A-3096)
1848.70	n	(P-12094/91; A-3096)
1848.71	n	(P-12094/91; A-3096)
1848.72	n	(P-12094/91; A-3096)
1848.73	n	(P-12094/91; A-3096)
1848.74	n	(P-12094/91; A-3096)
1848.75	n	(P-12094/91; A-3096)
1848.76	n	(P-12094/91; A-3096)
1848.77	n	(P-12094/91; A-3096)
1848.78	n	(P-12094/91; A-3096)
1848.79	n	(P-12094/91; A-3096)
1848.80	n	(P-12094/91; A-3096)
1848.81	n	(P-12094/91; A-3096)
1848.82	n	(P-12094/91; A-3096)
1848.83	n	(P-12094/91; A-3096)
1848.84	n	(P-12094/91; A-3096)
1848.85	n	(P-12094/91; A-3096)
1848.86	n	(P-12094/91; A-3096)
1848.87	n	(P-12094/91; A-3096)
1848.88	n	(P-12094/91; A-3096)
1848.89	n	(P-12094/91; A-3096)
1848.90	n	(P-12094/91; A-3096)
1848.91	n	(P-12094/91; A-3096)
1848.92	n	(P-12094/91; A-3096)
1848.93	n	(P-12094/91; A-3096)
1848.94	n	(P-12094/91; A-3096)
1848.95	n	(P-12094/91; A-3096)
1848.96	n	(P-12094/91; A-3096)
1848.97	n	(P-12094/91; A-3096)
1848.98	n	(P-12094/91; A-3096)
1848.99	n	(P-12094/91; A-3096)
1849.00	n	(P-12094/91; A-3096)
1849.01	n	(P-12094/91; A-3096)
1849.02	n	(P-12094/91; A-3096)
1849.03	n	(P-12094/91; A-3096)
1849.04	n	(P-12094/91; A-3096)
1849.05	n	(P-12094/91; A-3096)
1849.06	n	(P-12094/91; A-3096)
1849.07	n	(P-12094/91; A-3096)
1849.08	n	(P-12094/91; A-3096)
1849.09	n	(P-12094/91; A-3096)
1849.10	n	(P-12094/91; A-3096)
1849.11	n	(P-12094/91; A-3096)
1849.12	n	(P-12094/91; A-3096)
1849.13	n	(P-12094/91; A-3096)
1849.14	n	(P-12094/91; A-3096)
1849.15	n	(P-12094/91; A-3096)
1849.16	n	(P-12094/91; A-3096)
1849.17	n	(P-12094/91; A-3096)
1849.18	n	(P-12094/91; A-3096)
1849.19	n	(P-12094/91; A-3096)
1849.20	n	(P-12094/91; A-3096)
1849.21	n	(P-12094/91; A-3096)
1849.22	n	(P-12094/91; A-3096)
1849.23	n	(P-12094/91; A-3096)
1849.24	n	(P-12094/91; A-3096)
1849.25	n	(P-12094/91; A-3096)
1849.26	n	(P-12094/91; A-3096)
1849.27	n	(P-12094/91; A-3096)
1849.28	n	(P-12094/91; A-3096)
1849.29	n	(P-12094/91; A-3096)
1849.30	n	(P-12094/91; A-3096)
1849.31	n	(P-12094/91; A-3096)
1849.32	n	(P-12094/91; A-3096)
1849.33	n	(P-12094/91; A-3096)
1849.34	n	(P-12094/91; A-3096)
1849.35	n	(P-12094/91; A-3096)
1849.36	n	(P-12094/91; A-3096)
1849.37	n	(P-12094/91; A-3096)
1849.38	n	(P-12094/91; A-3096)
1849.39	n	(P-12094/91; A-3096)
1849.40	n	(P-12094/91; A-3096)
1849.41	n	(P-12094/91; A-3096)
1849.42	n	(P-12094/91; A-3096)
1849.43	n	(P-12094/91; A-3096)
1849.44	n	(P-12094/91; A-3096)
1849.45	n	(P-12094/91; A-3096)
1849.46	n	(P-12094/91; A-3096)
1849.47	n	(P-12094/91; A-3096)
1849.48	n	(P-12094/91; A-3096)
1849.49	n	(P-12094/91; A-3096)
1849.50	n	(P-12094/91; A-3096)
1849.51	n	(P-12094/91; A-3096)
1849.52	n	(P-12094/91; A-3096)
1849.53	n	(P-12094/91; A-3096)
1849.54	n	(P-12094/91; A-3096)
1849.55	n	(P-12094/91; A-3096)
1849.56	n	(P-12094/91; A-3096)
1849.57	n	(P-12094/91; A-3096)
1849.58	n	(P-12094/91; A-3096)
1849.59	n	(P-12094/91; A-3096)
1849.60	n	(P-12094/91; A-3096)
1849.61	n	(P-12094/91; A-3096)
1849.62	n	(P-12094/91; A-3096)
1849.63	n	(P-12094/91; A-3096)
1849.64	n	(P-12094/91; A-3096)
1849.65	n	(P-12094/91; A-3096)
1849.66	n	(P-12094/91; A-3096)
1849.67	n	(P-12094/91; A-3096)
1849.68	n	(P-12094/91; A-3096)
1849.69	n	(P-12094/91; A-3096)
1849.70	n	(P-12094/91; A-3096)
1849.71	n	(P-12094/91; A-3096)
1849.72	n	(P-12094/91; A-3096)
1849.73	n	(P-12094/91; A-3096)
1849.74	n	(P-12094/91; A-3096)
1849.75	n	(P-12094/91; A-3096)
1849.76	n	(P-12094/91; A-3096)
1849.77	n	(P-12094/91; A-3096)
1849.78	n	(P-12094/91; A-3096)
1849.79	n	(P-12094/91; A-3096)
1849.80	n	(P-12094/91; A-3096)
1849.81	n	(P-12094/91; A-3096)
1849.82	n	(P-12094/91; A-3096)
1849.83	n	(P-12094/91; A-3096)
1849.84	n	(P-12094/91; A-3096)
1849.85	n	(P-12094/91; A-3096)
1849.86	n	(P-12094/91; A-3096)
1849.87	n	(P-12094/91; A-3096)
1849.88	n	(P-12094/91; A-3096)
1849.89	n	(P-12094/91; A-3096)
1849.90	n	(P-12094/91; A-3096)
1849.91	n	(P-12094/91; A-3096)
1849.92	n	(P-12094/91; A-3096)
1849.93	n	(P-12094/91; A-3096)
1849.94	n	(P-12094/91; A-3096)
1849.95	n	(P-12094/91; A-3096)
1849.96	n	(P-12094/91; A-3096)
1849.97	n	(P-12094/91; A-3096)
1849.98	n	(P-12094/91; A-3096)
1849.99	n	(P-12094/91; A-3096)
1850.00	n	(P-12094/91; A-3096)
1850.01	n	(P-12094/91; A-3096)
1850.02	n	(P-12094/91; A-3096)
1850.03	n	(P-12094/91; A-3096)
1850.04	n	(P-12094/91; A-3096)
1850.05	n	(P-12094/91; A-3096)
1850.06	n	(P-12094/91; A-3096)
1850.07	n	(P-12094/91; A-3096)
1850.08	n	(P-12094/91; A-3096)
1850.09	n	(P-12094/91; A-3096)
1850.10	n	(P-12094/91; A-3096)
1850.11	n	(P-12094/91; A-3096)
1850.12	n	(P-12094/91; A-3096)
1850.13	n	(P-12094/91; A-3096)
1850.14	n	(P-12094/91; A-3096)
1850.15	n	(P-12094/91; A-3096)
1850.16	n	(P-12094/91; A-3096)
1850.17	n	(P-12094/91; A-3096)
1850.18	n	(P-12094/91; A-3096)
1850.19	n	(P-12094/91; A-3096)
1850.20	n	(P-12094/91; A-3096)
1850.21	n	(P-12094/91; A-3096)
1850.22	n	(P-12094/91; A-3096)
1850.23	n	(P-12094/91; A-3096)
1850.24	n	(P-12094/91; A-3096)
1850.25	n	(P-12094/91; A-3096)
1850.26	n	(P-12094/91; A-3096)
1850.27	n	(P-12094/91; A-3096)
1850.28	n	(P-12094/91; A-3096)
1850.29	n	(P-12094/91; A-3096)
1850.30	n	(P-12094/91; A-3096)
1850.31	n	(P-12094/91; A-3096)
1850.32	n	(P-12094/91; A-3096)
1850.33	n	(P-12094/91; A-3096)
1850.34	n	(P-12094/91; A-3096)
1850.35	n	(P-12094/91; A-3096)
1850.36	n	(P-12094/91; A-3096)
1850.37	n	(P-12094/91; A-3096)
1850.38	n	(P-12094/91; A-3096)
1850.39	n	(P-12094/91; A-3096)
1850.40	n	(P-12094/91; A-3096)
1850.41	n	(P-12094/91; A-3096)
1850.42	n	(P-12094/91; A-3096)
1850.43	n	(P-12094/91; A-3096)
1850.44	n	(P-12094/91; A-3096)
1850.45	n	(P-12094/91; A-3096)
1850.46	n	(P-12094/91; A-3096)
1850.47	n	(P-12094/91; A-3096)
1850.48	n	(P-12094/91; A-3096)
1850.49	n	(P-12094/91; A-3096)
1850.50	n	(P-12094/91; A-3096)
1850.51	n	(P-12094/91; A-3096)
1850.52	n	(P-12094/91; A-3096)
1850.53	n	(P-12094/91; A-3096)
1850.54	n	(P-12094/91; A-3096)
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1130.40	n (P-2010)	1330.91 (P-5746)
1130.50	n (P-2010)	1330.92 (P-5746)
1130.60	n (P-2010)	1330.93 (P-5746)
1130.70	n (P-2010)	1330.94 (P-5746)
1130.80	n (P-2010)	1330.95 (P-5746)
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1150.30	am (P-2492/91; A-3143)	1330.99 (P-5746)
1150.40	am (P-2492/91; A-3143)	1330.100 (P-5746)
1150.50	am (P-2492/91; A-3143)	1330.110 (P-5746)
1150.60	am (P-2492/91; A-3143)	1330.120 (P-5746)
1150.65	am (P-2492/91; A-3143)	1330.130 (P-5746)
1150.70	am (P-2492/91; A-3143)	1330.140 (P-5746)
1150.80	am (P-2492/91; A-3143)	1340.15 (P-11369/91; A-3175)
1150.90	am (P-2492/91; A-3143)	1340.20 (P-11369/91; A-3175)
1150.100	am (P-2492/91; A-3143)	1340.30 (P-11369/91; A-3175)
1150.110	am (P-2492/91; A-3143)	1340.40 (P-11369/91; A-3175)
1150.II.A	am (P-2492/91; A-3143)	1340.50 (P-11369/91; A-3175)
1175.565	am (P-8033; A-13276)	1340.55 (P-11369/91; A-3175)
1200.30	am (P-14369/91; A-3169)	1340.60 (P-11369/91; A-3175)
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1255.40	n (P-17030/91; A-3194)	1360.30 (P-8318; A-13281)
1255.50	n (P-17030/91; A-3194)	1360.45 (P-8318; A-13281)
1255.60	n (P-17030/91; A-3194)	1360.60 (P-8318; A-13281)
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1275.80	n (P-5741; A-10458)	1510.20 (P-12104) (E-12216)
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1310.30	am (P-3784; A-12565)	1510.40 (P-12104)
1310.40	am (P-3784; A-12565)	1510.50 (P-12104) (E-12216)
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1310.70	am (P-3784; A-12565)	1510.70 (P-12104)
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1330.20	am (P-5746)	110.40 (P-3689)
1330.30	am (P-5746)	110.50 (P-3689)
1330.40	am (P-5746)	110.60 (P-3689)
1330.50	am (P-5746)	110.70 (P-3689)
1330.55	am (P-5746)	2000.45 (P-1511; A-10068)
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2000.540	am	395.160	am
2300.10	n	395.170	am
2300.30	n	395.180	am
2300.50	n	395.190	am
2300.70	n	395.200	r
2300.80	n	395.300	am
2300.90	n	395.400	am
		535.10	am
		535.20	am
		535.100	am
		535.150	am
		535.200	am
		535.210	am
		535.215	am
		535.216	n
		535.220	r
		535.230	am
		535.260	am
		535.265	am
		535.270	am
		535.310	am
		535.315	am
		535.320	am
		535.330	am
		535.340	am
		535.400	am
		535.410	am
		535.415	am
		535.420	am
		535.430	am
		535.435	am
		535.440	am
		535.500	n
		535.510	r
		535.515	am
		535.520	am
		535.530	am
		535.535	am
		535.540	am
		535.600	am
		535.650	am

TITLE 74		TITLE 77	
750.10	am	205.620	am
750.30	am	250.2720	n
750.40	am	300.110	am
		300.120	am
		300.140	am
		300.150	am
		300.330	am
		300.620	am
		300.630	am
		300.1010	am
		300.1220	am
		300.1240	am
		300.2070	am
		300.2420	am
		300.3060	am



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682.Ap.H r	(P-13428)	760.100 am (P-5861)
682.Ap.I r	(P-13428)	760.110 am (P-5861)
682.Ap.J r	(P-13428)	760.900 am (P-5861)
692.10 n	(P-14389/91; A-4052)	760.2000 n (P-5861)
692.Ap.A n	(P-14389/91; A-4052)	760.2010 n (P-5861)
692.Ap.B n	(P-14389/91; A-4052)	760.2020 n (P-5861)
693.10 am	(P-16874/91; RC-4556; A-5921)	760.2030 n (P-5861)
693.15 am	(P-16874/91; A-5921)	760.2031 n (P-5861)
693.30 am	(P-16874/91; A-5921)	760.2032 n (P-5861)
693.40 am	(P-16874/91; A-5921)	760.2040 n (P-5861)
693.45 n	(P-16874/91; A-5921)	760.2041 n (P-5861)
693.100 am	(P-16874/91; A-5921)	760.2042 n (P-5861)
694.20 am	(P-13414)	760.2050 n (P-5861)
694.100 am	(P-13414)	760.2060 n (P-5861)
694.110 am	(P-13414)	760.2070 n (P-5861)
694.120 am	(P-13414)	760.2080 n (P-5861)
694.220 am	(P-6972/91; A-5916)	760.3000 n (P-5861)
694.Ap.A r	(P-13414)	760.3100 n (P-5861)
694.Ap.B r	(P-13472)	760.3200 n (P-5861)
695.10 am	(P-13472)	770.10 r (P-5885)
695.30 am	(P-13472)	770.20 r (P-5885)
695.50 n	(P-13472)	770.30 r (P-5885)
695.Ap.A n	(P-5836)	790.40 am (P-15943/91; A-5941; C-7512)
750.5 am	(P-5836)	790.480 am (P-4782; A-12913)
750.100 am	(P-5836)	790.500 am (P-4782; A-12913)
750.110 am	(P-5836)	790.540 am (P-4782; A-12913)
750.1000 am	(P-5836)	790.548 am (P-4782; A-12913)
750.2000 n	(P-5836)	790.580 am (P-4782; A-12913)
750.2010 n	(P-5836)	790.600 am (P-4782; A-12913)
750.2020 n	(P-5836)	790.620 am (P-4782; A-12913)
750.2030 n	(P-5836)	790.660 am (P-4782; A-12913)
750.2031 n	(P-5836)	790.700 am (P-4782; A-12913)
750.2032 n	(P-5836)	790.706 am (P-4782; A-12913)
750.2040 n	(P-5836)	790.721 am (P-4782; A-12913)
750.2041 n	(P-5836)	790.721 am (P-4782; A-12913)
750.2042 n	(P-5836)	790.721 am (P-4782; A-12913)
750.2050 n	(P-5836)	790.721 am (P-4782; A-12913)
750.2060 n	(P-5836)	790.721 am (P-4782; A-12913)
750.2070 n	(P-5836)	790.721 am (P-4782; A-12913)
750.2080 n	(P-5836)	790.721 am (P-4782; A-12913)
750.3000 n	(P-5836)	790.721 am (P-4782; A-12913)
750.3100 n	(P-5836)	790.721 am (P-4782; A-12913)
750.3200 n	(P-5836)	790.721 am (P-4782; A-12913)
760.15 am	(P-5861)	790.721 am (P-4782; A-12913)
760.20 am	(P-5861)	790.721 am (P-4782; A-12913)

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TITLE 77 (CONT'D)				
790.740	am	(P-4782; A-12913) (E-4899)(P-8329) (E-8571)	790.1420	am (P-4782; A-12913) (E-4899)
790.760	am	(P-4782; A-12913) (E-4899)	790.1460	am (P-4782; A-12913) (E-4899)
790.780	am	(P-4782; A-12913) (E-4899)	790.1490	am (P-4782; A-12913) (E-4899)
790.788	am	(P-4782; A-12913) (E-4899)	790.1500	am (P-4782; A-12913) (E-4899)
790.799	am	(P-8329)(E-8571) (P-15943/91; A-5941; C-7512)	790.1540	am (P-4782; A-12913) (E-4899)
790.820	am	(P-4782; A-12913) (E-4899)	790.1560	am (P-4782; A-12913) (E-4899)
790.830	am	(P-4782; A-12913) (E-4899)	790.1570	am (P-4782; A-12913) (E-4899)
790.860	am	(P-4782; A-12913) (E-4899)	790.1660	am (P-8329)(E-8571) (P-4782; A-12913) (E-4899)
790.900	am	(P-4782; A-12913) (E-4899)	790.1685	am (P-4782; A-12913) (E-4899)
790.910	am	(P-4782; A-12913) (E-4899)	790.1700	am (P-4782; A-12913) (E-4899)
790.920	am	(P-15943/91; A-5941; C-7512)	790.1710	am (P-4782; A-12913) (E-4899)
790.980	am	(P-4782; A-12913) (E-4899)	790.1740	am (P-4782; A-12913) (E-4899)
790.1060	am	(P-4782; A-12913) (E-4899)	790.1820	am (P-4782; A-12913) (E-4899)
790.1112	am	(P-4782; A-12913) (E-4899)	790.1830	n (P-4782; A-12913) (E-4899)
790.1120	am	(P-4782; A-12913) (E-4899)	790.1835	n (P-8329)(E-8571) (P-4782; A-12913) (E-4899)
790.1140	am	(P-4782; A-12913) (E-4899)	790.1860	am (P-4782; A-12913) (E-4899)
790.1300	am	(P-4782; A-12913) (E-4899)	790.1950	am (P-15943/91; A-5941; C-7512)
790.1345	am	(P-4782; A-12913) (E-4899)	790.1980	am (P-4782; A-12913) (E-4899)
790.1350	am	(P-15943/91; A-5941; C-7512)	790.2020	am (P-4782; A-12913) (E-4899)
790.1388	n	(P-4782; A-12913) (E-4899)	790.2060	am (P-8329)(E-8571) (P-4782; A-12913) (E-4899)
		(P-4782; A-12913) (E-4899)	790.2097	am (P-4782; A-12913) (E-4899)
		(P-15943/91; A-5941; C-7512)	790.2100	am (P-4782; A-12913) (E-4899)
		(P-4782; A-12913) (E-4899)	790.2140	am (P-4782; A-12913) (E-4899)
		(P-15943/91; A-5941; C-7512)	790.2155	am (P-4782; A-12913) (E-4899)







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TITLE 77 (CONT'D)				TITLE 77 (CONT'D)			
790.5312	am	(P-4782; A-12913) (E-4899)	r	790.6020	am	(P-4782; A-12913) (E-4899)	(P-4782; A-12913) (E-4899)
		(P-15843/91; A-5941; C-7512)	am	790.6140	am	(P-4782; A-12913) (E-4899)	(P-4782; A-12913) (E-4899)
790.5320	am	(P-15943/91; A-5941; C-7512)	am	790.6180	am	(P-8329) (E-8571) (P-4782; A-12913) (E-4899)	(P-8329) (E-8571) (P-4782; A-12913) (E-4899)
790.5380	am	(P-4782; A-12913) (E-4899)	am	790.6260	am	(P-4782; A-12913) (E-4899)	(P-4782; A-12913) (E-4899)
		(P-15943/91; A-5941; C-7512)	am	790.6275	am	(P-4782; A-12913) (E-4899)	(P-4782; A-12913) (E-4899)
790.5420	am	(P-4782; A-12913) (E-4899)	am	790.6277	am	(P-4782; A-12913) (E-4899)	(P-4782; A-12913) (E-4899)
790.5483	am	(P-4782; A-12913) (E-4899)	am	790.6280	r	(P-8329) (E-8571) (P-4782; A-12913) (E-4899)	(P-8329) (E-8571) (P-4782; A-12913) (E-4899)
790.5500	am	(P-4782; A-12913) (E-4899)	am	790.6300	am	(P-4782; A-12913) (E-4899)	(P-4782; A-12913) (E-4899)
790.5520	am	(P-4782; A-12913) (E-4899)	am	790.6340	am	(P-4782; A-12913) (E-4899)	(P-4782; A-12913) (E-4899)
790.5540	am	(P-4782; A-12913) (E-4899)	am	790.6370	am	(P-4782; A-12913) (E-4899)	(P-4782; A-12913) (E-4899)
790.5544	am	(P-4782; A-12913) (E-4899)	am			(P-15943/91; A-5941; C-7512) (P-8329)	(P-15943/91; A-5941; C-7512) (P-8329)
790.5620	am	(P-4782; A-12913) (E-4899)	am	790.6375	am	(E-8571) (P-4782; A-12913) (E-4899)	(E-8571) (P-4782; A-12913) (E-4899)
790.5640	am	(P-15943/91; A-5941) (P-4782; A-12913) (E-4899)	am	790.6420	am	(P-4782; A-12913) (E-4899)	(P-4782; A-12913) (E-4899)
790.5700	am	(P-4782; A-12913) (E-4899)	am	790.6430	am	(P-8329) (E-8571) (P-4782; A-12913) (E-4899)	(P-8329) (E-8571) (P-4782; A-12913) (E-4899)
790.5740	am	(P-4782; A-12913) (E-4899)	am	790.6452	am	(P-4782; A-12913) (E-4899)	(P-4782; A-12913) (E-4899)
790.5788	n	(P-4782; A-12913) (E-4899)	am	790.6456	am	(P-8329) (E-8571) (P-4782; A-12913) (E-4899)	(P-8329) (E-8571) (P-4782; A-12913) (E-4899)
		(P-4782; A-12913) (E-4899)	am	790.6460	am	(P-4782; A-12913) (E-4899)	(P-4782; A-12913) (E-4899)
790.5792	am	(P-4782; A-12913) (E-4899)	am	790.6480	am	(P-4782; A-12913) (E-4899)	(P-4782; A-12913) (E-4899)
790.5802	am	(P-4782; A-12913) (E-4899)	am	790.6500	am	(P-4782; A-12913) (E-4899)	(P-4782; A-12913) (E-4899)
790.5807	am	(P-4782; A-12913) (E-4899)	am	790.6540	am	(P-4782; A-12913) (E-4899)	(P-4782; A-12913) (E-4899)
790.5820	am	(P-4782; A-12913) (E-4899)	am	790.6570	r	(P-4782; A-12913) (E-4899)	(P-4782; A-12913) (E-4899)
790.5830	am	(P-4782; A-12913) (E-4899)	am	790.6580	am	(P-4782; A-12913) (E-4899)	(P-4782; A-12913) (E-4899)
790.5872	am	(P-4782; A-12913) (E-4899)	am	790.6610	am	(P-8329) (E-8571) (P-4782; A-12913) (E-4899)	(P-8329) (E-8571) (P-4782; A-12913) (E-4899)
790.5900	am	(P-4782; A-12913) (E-4899)	am	790.6670	am	(P-4782; A-12913) (E-4899)	(P-4782; A-12913) (E-4899)
790.5940	am	(P-4782; A-12913) (E-4899)	am			(P-4782; A-12913) (E-4899)	(P-4782; A-12913) (E-4899)
790.5980	am	(P-4782; A-12913) (E-4899)	am			(P-4782; A-12913) (E-4899)	(P-4782; A-12913) (E-4899)



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840.20	am	(P-4329)	905.15	am	(P-8128)
840.115	am	(P-4329)	905.100	am	(P-8128)
840.210	am	(P-4329)	915.10	am	(P-10989)
840.215	am	(P-4329)	915.20	am	(P-10989)
840.305	am	(P-4329)	915.40	n	(P-10989)
840.310	am	(P-4329)	915.50	n	(P-10989)
840.Ap.B	am	(P-4329)	1110.60	n	(E-13159)(P-15328)
.II.A	am	(P-4329)	1110.235	n	(E-13159)(P-15328)
.Ex.A	r	(P-4329)	1120.10	n	(E-13132)
.Ex.B	n	(P-4329)	1120.20	n	(P-5205)(E-13132)
.II.B	r	(P-4329)	1120.110	n	(P-5205)(E-13132)
840.Ap.C	am	(P-4329)	1120.120	n	(P-5205)(E-13132)
.Ex.B	am	(P-4329)	1120.130	n	(P-5205)(E-13132)
845.10	am	(P-12314)	1120.210	n	(P-5205)(E-13132)
845.15	n	(P-12314)	1120.310	n	(P-5205)(E-13132)
845.20	am	(P-12314)	1120.Ap.A	n	(P-5205)(E-13132)
845.23	n	(P-12314)	1120.Tb.H	n	(P-5205)
845.25	n	(P-12314)	1130.140	am	(P-4755)
845.26	n	(P-12314)	1130.220	am	(P-4755)
845.28	n	(P-12314)	1130.410	am	(P-4755)
845.29	n	(P-12314)	1130.510	am	(P-4755)
845.30	am	(P-12314)	1130.620	am	(P-4755)
845.40	am	(P-12314)	1130.630	am	(P-4755)
845.50	am	(P-12314)	1130.640	am	(P-4755)
845.60	am	(P-12314)	1130.710	am	(P-4755)
845.Ap.A	n	(P-12314)	1130.720	am	(P-4755)
.Ex.A	n	(P-12314)	1130.730	am	(P-4755)
.Ex.B	n	(P-12314)	1130.740	am	(P-4755)
.Ex.C	n	(P-12314)	1130.750	am	(E-13153)(P-15321)
845.Ap.B	n	(P-12314)	1130.760	am	(P-4755)
845.Ap.C	n	(P-12314)	1130.770	am	(P-4755)
845.Ap.D	n	(P-12314)	1130.780	am	(P-4755)
.II.A	n	(P-12314)	1190.30	am	(P-3063)
.II.B	n	(P-12314)	1230.10	r	(P-5187)
845.Ap.E	n	(P-12314)	1230.20	r	(P-5187)
900.10	am	(P-10870)	1230.30	r	(P-5187)
900.30	am	(P-10870)	1230.110	r	(P-5187)
900.40	am	(P-10870)	1230.120	r	(P-5187)
900.50	am	(P-10870)	1230.210	r	(P-5187)
900.60	am	(P-10870)	1230.220	r	(P-5187)
900.65	am	(P-10870)	1230.230	r	(P-5187)
900.70	am	(P-10870)	1230.240	r	(P-5187)
900.Tb.E	n	(P-10870)	1230.250	r	(P-5187)
900.Tb.F	n	(P-10870)	1230.260	r	(P-5187)
900.Tb.G	n	(P-10870)	1230.310	r	(P-5187)
900.Tb.H	n	(P-10870)	1230.320	r	(P-5187)
900.Tb.I	n	(P-10870)	1230.410	r	(P-5187)
900.Ex.A	n	(P-10870)	1230.420	r	(P-5187)
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1240.20	r (P-5225)	2030.430	r (P-9153/91; A-2530)
1240.30	r (P-5225)	2030.430	n (P-9083/91; A-2457)
1240.40	r (P-5225)	2030.440	r (P-9153/91; A-2530)
1240.50	r (P-5225)	2030.440	n (P-9083/91; A-2457)
1240.60	r (P-5225)	2030.450	r (P-9153/91; A-2530)
1240.70	r (P-5225)	2030.450	n (P-9083/91; A-2457)
1240.80	r (P-5225)	2030.510	r (P-9153/91; A-2530)
1240.90	r (P-5225)	2030.510	n (P-9083/91; A-2457)
1240.100	r (P-5225)	2030.520	r (P-9153/91; A-2530)
1240.110	r (P-5225)	2030.520	n (P-9083/91; A-2457)
1240.120	r (P-5225)	2030.530	r (P-9153/91; A-2530)
1240.130	r (P-5225)	2030.530	n (P-9083/91; A-2457)
1240.140	r (P-5225)	2030.540	r (P-9153/91; A-2530)
1240.150	r (P-5225)	2030.540	n (P-9083/91; A-2457)
1240.160	r (P-5225)	2030.550	r (P-9153/91; A-2530)
1240.170	r (P-5225)	2030.550	n (P-9083/91; A-2457)
1240.180	r (P-5225)	2030.610	r (P-9153/91; A-2530)
1240.190	r (P-5225)	2030.610	n (P-9083/91; A-2457)
1240.200	r (P-5225)	2030.620	r (P-9153/91; A-2530)
1240.210	r (P-5225)	2030.620	n (P-9083/91; A-2457)
1240.220	r (P-5225)	2030.630	r (P-9153/91; A-2530)
1240.230	r (P-5225)	2030.630	n (P-9083/91; A-2457)
1240.240	r (P-5225)	2030.640	r (P-9153/91; A-2530)
1240.250	r (P-5225)	2030.640	n (P-9083/91; A-2457)
1240.260	r (P-5225)	2030.710	r (P-9153/91; A-2530)
1240.270	r (P-5225)	2030.710	n (P-9083/91; A-2457)
1240.280	r (P-5225)	2030.720	r (P-9153/91; A-2530)
1240.290	r (P-5225)	2030.720	n (P-9083/91; A-2457)
1240.300	r (P-5225)	2030.730	r (P-9153/91; A-2530)
1240.310	r (P-5225)	2030.730	n (P-9083/91; A-2457)
1240.320	r (P-5225)	2030.740	r (P-9153/91; A-2530)
1240.330	r (P-5225)	2030.740	n (P-9083/91; A-2457)
1240.340	r (P-5225)	2030.750	r (P-9153/91; A-2530)
1240.350	r (P-5225)	2030.750	n (P-9083/91; A-2457)
1240.360	r (P-5225)	2030.760	r (P-9153/91; A-2530)
1240.370	r (P-5225)	2030.760	n (P-9083/91; A-2457)
1240.380	r (P-5225)	2030.810	r (P-9153/91; A-2530)
1240.390	r (P-5225)	2030.810	n (P-9083/91; A-2457)
1240.400	r (P-5225)	2030.820	r (P-9153/91; A-2530)
1240.410	r (P-5225)	2030.820	n (P-9083/91; A-2457)
1240.420	r (P-5225)	2030.830	r (P-9153/91; A-2530)
1240.430	r (P-5225)	2030.830	n (P-9083/91; A-2457)
1240.440	r (P-5225)	2030.840	r (P-9153/91; A-2530)
1240.450	r (P-5225)	2030.840	n (P-9083/91; A-2457)
1240.460	r (P-5225)	2030.850	r (P-9153/91; A-2530)
1240.470	r (P-5225)	2030.850	n (P-9083/91; A-2457)
1240.480	r (P-5225)	2030.910	r (P-9153/91; A-2530)
1240.490	r (P-5225)	2030.910	n (P-9083/91; A-2457)
1240.500	r (P-5225)	2030.920	r (P-9153/91; A-2530)
1240.510	r (P-5225)	2030.920	n (P-9083/91; A-2457)
1240.520	r (P-5225)	2030.930	r (P-9153/91; A-2530)
1240.530	r (P-5225)	2030.930	n (P-9083/91; A-2457)
1240.540	r (P-5225)	2030.940	r (P-9153/91; A-2530)
1240.550	r (P-5225)	2030.940	n (P-9083/91; A-2457)
1240.560	r (P-5225)	2030.950	r (P-9153/91; A-2530)
1240.570	r (P-5225)	2030.950	n (P-9083/91; A-2457)
1240.580	r (P-5225)	2030.960	r (P-9153/91; A-2530)
1240.590	r (P-5225)	2030.960	n (P-9083/91; A-2457)
1240.600	r (P-5225)	2030.970	r (P-9153/91; A-2530)
1240.610	r (P-5225)	2030.970	n (P-9083/91; A-2457)
1240.620	r (P-5225)	2030.980	r (P-9153/91; A-2530)
1240.630	r (P-5225)	2030.980	n (P-9083/91; A-2457)
1240.640	r (P-5225)	2030.1010	r (P-9153/91; A-2530)
1240.650	r (P-5225)	2030.1010	n (P-9083/91; A-2457)
1240.660	r (P-5225)	2030.1020	r (P-9153/91; A-2530)
1240.670	r (P-5225)	2030.1020	n (P-9083/91; A-2457)



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770.20	n	(P-3242)	r	103.25	n	(P-14178)	113.113
770.30	n	(P-3242)	r	103.35	n	(P-14178)	113.130
785.1	n	(P-17427/91; A-11009)	r	104.10	am	(P-7793)	113.154
785.5	n	(P-17427/91; A-11009)	r	104.70	am	(P-7793)	113.253
785.10	n	(P-17427/91; A-11009)	r	104.102	am	(P-7793)	113.260
785.15	n	(P-17427/91; A-11009)	r	104.202	am	(P-7471) (P-12758)	113.302
785.20	n	(P-17427/91; A-11009)	r	104.204	am	(P-4741) (P-12758)	113.330
785.25	n	(P-17427/91; A-11009)	r	104.120	am	(P-2752; A-12903)	113.400
785.30	n	(P-17427/91; A-11009)	r	104.130	am	(P-2752; A-12903)	113.405
785.35	n	(P-17427/91; A-11009)	r	104.140	am	(P-4741)	113.410
785.40	n	(P-17427/91; A-11009)	r	104.150	am	(P-2752; A-12903)	113.415
785.45	n	(P-17427/91; A-11009)	r	104.160	am	(P-4741) (P-12758)	113.420
785.50	n	(P-17427/91; A-11009)	r	104.170	am	(P-4741) (P-12758)	113.425
785.55	n	(P-17427/91; A-11009)	r	104.180	am	(P-4741) (P-12758)	113.430
785.60	n	(P-17427/91; A-11009)	r	104.190	am	(P-4741)	113.435
785.65	n	(P-17427/91; A-11009)	r	104.200	am	(P-7793)	113.435
				104.235	am	(P-7793)	113.440
				510.101	am	(P-16932/91; A-5990)	113.440
				510.110	am	(P-16932/91; A-5990)	113.440
				510.115	r	(P-16932/91; A-5990)	113.445
				510.120	am	(P-16932/91; A-5990)	114.1
				510.131	am	(P-16932/91; A-5990)	
				510.145	am	(P-16932/91; A-5990)	
				510.160	am	(P-16932/91; A-5990)	
				535.101	n	(P-15340) (E-15577)	
				535.105	n	(P-15340) (E-15577)	
				535.110	n	(P-15340) (E-15577)	
				535.115	n	(P-15340) (E-15577)	
				535.120	n	(P-15340) (E-15577)	
				535.125	n	(P-15340) (E-15577)	
				535.130	n	(P-15340) (E-15577)	
				535.135	n	(P-15340) (E-15577)	
				535.140	n	(P-15340) (E-15577)	
				535.145	n	(P-15340) (E-15577)	
				535.150	n	(P-15340) (E-15577)	
				3000.100	am	(P-3802; A-13310)	
				3000.200	am	(P-3802; A-13310)	
				3000.210	am	(P-3802; A-13310)	
				3000.220	am	(P-3802; A-13310)	
				3000.230	am	(P-3802; A-13310)	
				3000.245	am	(P-3802; A-13310)	
				3000.270	am	(P-3802; A-13310)	
				3000.420	am	(P-3802; A-13310)	
				3000.610	am	(P-3802; A-13310)	
				3000.620	am	(P-3802; A-13310)	
				3000.625	am	(P-3802; A-13310)	
				3000.645	am	(P-3802; A-13310)	
				3000.910	am	(P-3802; A-13310)	
				3000.1010	am	(P-3802; A-13310)	
				3000.1070	am	(P-3802; A-13310)	
TITLE 86				TITLE 89 (CONT'D)			
100.3700	am	(P-7306; C-10084)	r	111.101	am	(P-16851/91; A-11577)	
100.9920	n	(P-7306; C-10084)	r	112.9	am	(P-3335)	
110.190	n	(P-14196/91; A-2624)	r	112.70	am	(P-3335)	
130.220	am	(P-14554)	r	112.71	am	(P-3335)	
130.310	am	(P-15013/91; A-1642)	r	112.72	am	(P-3335)	
150.Tb.A	am	(P-14563) (E-14889)	n	112.74	am	(P-3335)	
180.101	am	(P-15948/91; A-4859)	n	112.78	am	(P-3335)	
180.130	am	(P-15948/91; A-4859)	n	112.79	am	(P-3335)	
180.140	am	(P-15948/91; A-4859)	n	112.82	am	(P-3335)	
180.145	am	(P-15948/91; A-4859)	n	112.110	am	(P-16596/91; A-11550)	
190.101	am	(P-15958/91; A-4867)	n	112.115	am	(P-18062/91; A-9972)	
190.110	am	(P-15958/91; A-4867)	n	112.127	am	(P-13195)	
190.120	am	(P-15958/91; A-4867)	n	112.138	r	(P-11399) (E-11652)	
190.170	am	(P-15958/91; A-4867)	n	112.154	r	(P-14522)	
190.175	am	(P-15958/91; A-4867)	n	112.300	am	(P-18062/91; A-9972)	
295.101	n	(P-18506/91; A-7691)	n	112.400	am	(P-15277)	
295.105	n	(P-18506/91; A-7691)	n	113.9	am	(P-16596/91; A-11550)	
295.110	n	(P-18506/91; A-7691)	n	113.40	am	(P-13383) (E-13641)	
295.115	n	(P-18506/91; A-7691)	n	113.50	am	(P-14994/91; A-3468)	
295.120	n	(P-18506/91; A-7691)	n	113.108	r	(P-16610/91; A-11565)	
430.110	am	(P-6762; A-14688)	am	113.109	r	(P-16610/91; A-11565)	
430.125	n	(P-6762; A-14688)	am	113.110	r	(P-16610/91; A-11565)	
430.160	am	(P-6762; A-14688)	am	114.135	am	(E-4540)	
435.120	am	(P-6777; A-14702)	am	114.135	am	(P-4216; A-13297)	
435.140	am	(P-6777; A-14702)	am	114.270	r	(E-4540)	
435.160	am	(P-6777; A-14702)	am	114.351	am	(P-15008)	
460.101	am	(P-15417/91; A-4876)	am	114.352	am	(P-11401) (E-11662)	
460.110	am	(P-15417/91; A-4876)	am	114.352	am	(P-13766)	
480.101	am	(P-15422/91; A-3578)	am	114.353	am	(P-11401) (E-11662)	
490.10	r	(P-16913/91; A-5988)	r	114.400	am	(P-13766)	
490.20	r	(P-16913/91; A-5988)	r				
490.30	r	(P-16913/91; A-5988)	r				



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114.420	am	(P-15008/91; A-3512)	r	(P-12137/91; A-139)	140.94	am	(P-472; W-14477)
		(P-15008)	r	(P-12137/91; A-139)	140.604	n	(P-472; W-14477)
114.430	am	(P-15287)	r	(P-12137/91; A-139)	140.95	n	(P-472; W-14477)
114.440	n	(P-14538) (E-14769)	r	(P-12137/91; A-139)	140.608	n	(P-472; W-14477)
115.10	am	(P-17897/91; A-10291)	r	(P-12137/91; A-139)	140.420	am	(P-472; W-14477)
115.30	am	(P-17897/91; A-10291)	r	(P-12137/91; A-139)	140.421	am	(P-472; W-14477)
115.34	am	(P-17897/91; A-10291)	r	(P-12137/91; A-139)	140.612	n	(P-472; W-14477)
115.40	am	(P-17897/91; A-10291)	am	(P-12137/91; A-139)	140.614	n	(P-472; W-14477)
116.400	am	(P-13764) (E-13961)	am	(P-12137/91; A-139)	140.646	am	(P-6949/91; A-1877)
116.500	am	(P-16623/91; A-5350)	am	(P-12137/91; A-139)	140.700	am	(P-7576)
		(P-13764) (E-13961)	am	(P-12137/91; A-139)	140.835	r	(P-15933/91; A-6408)
116.520	am	(P-16623/91; A-5350)	am	(P-12137/91; A-139)	140.7b.J	r	(P-12838)
116.520	r	(P-13764) (E-13961)	am	(P-7761)	140.7b.K	am	(P-15296)
117.10	am	(P-8938)	r	(P-14544)	141.10	r	(P-12132/91; A-7922)
118.200	am	(P-17040/91; A-11607)	am	(P-16625/91; A-11582)	141.100	r	(P-12132/91; A-7922)
120.11	am	(P-16625/91; A-11582)	am	(P-16625/91; A-11582)	141.200	r	(P-12132/91; A-7922)
120.31	am	(P-16625/91; A-11582)	am	(P-13385)	141.240	r	(P-12132/91; A-7922)
120.50	r	(P-12137/91; A-139)	am	(P-8898)	141.280	r	(P-12132/91; A-7922)
120.60	am	(P-16625/91; A-11582)	am	(P-8039)	141.320	r	(P-12132/91; A-7922)
120.64	am	(P-16625/91; A-11582)	am	(P-13385)	141.360	r	(P-12132/91; A-7922)
120.80	am	(P-16856/91; A-10034)	am	(P-2420; A-10011)	141.400	r	(P-12132/91; A-7922)
120.200	n	(P-12137/91; A-139)	am	(E-757) (P-6708)	141.440	r	(P-12132/91; A-7922)
120.208	r	(P-12137/91; A-139)	am	(E-18086; A-10011)	141.480	r	(P-12132/91; A-7922)
120.210	r	(P-12137/91; A-139)	am	(P-6708; A-13900)	141.520	r	(P-12132/91; A-7922)
120.211	r	(P-12137/91; A-139)	am	(P-2420; A-10011)	141.560	r	(P-12132/91; A-7922)
120.212	r	(P-12137/91; A-139)	am	(P-13385)	141.600	r	(P-12132/91; A-7922)
120.215	r	(P-12137/91; A-139)	n	(P-14186/91; A-10011)	141.640	r	(P-12132/91; A-7922)
120.216	r	(P-12137/91; A-139)	am	(P-14999/91; A-10011)	141.720	r	(P-12132/91; A-7922)
120.217	r	(P-12137/91; A-139)	am	(P-6931; A-13292)	141.760	r	(P-12132/91; A-7922)
120.218	r	(P-12137/91; A-139)	am	(P-17171/91; A-174)	141.800	r	(P-12132/91; A-7922)
120.224	r	(P-12137/91; A-139)	am	(P-6936)	141.880	r	(P-12132/91; A-7922)
120.225	r	(P-12137/91; A-139)	am	(P-17171/91; A-174)	141.920	am	(P-12132/91; A-7922)
120.230	r	(P-12137/91; A-139)	am	(P-6949/91; A-3552)	141.960	r	(P-12132/91; A-7922)
120.235	r	(P-12137/91; A-139)	am	(P-12116)	141.1000	r	(P-12132/91; A-7922)
120.236	r	(P-12137/91; A-139)	am	(P-4708)	141.1040	r	(P-12132/91; A-7922)
120.240	r	(P-12137/91; A-139)	am	(P-4708)	141.080	r	(P-12132/91; A-7922)
120.245	r	(P-12137/91; A-139)	am	(P-7775)	141.1120	r	(P-12132/91; A-7922)
120.250	r	(P-12137/91; A-139)	am	(P-4708) (P-8047)	141.1125	r	(P-12132/91; A-7922)
120.255	r	(P-12137/91; A-139)	am	(P-8047)	141.1200	r	(P-12132/91; A-7922)
120.260	r	(P-12137/91; A-139)	am	(P-4708)	141.1600	r	(P-12132/91; A-7922)
120.261	r	(P-12137/91; A-139)	am	(P-65; A-10050) (E-300)	141.1240	r	(P-12132/91; A-7922)
120.262	r	(P-12137/91; A-139)	am	(P-11721)	141.1280	r	(P-12132/91; A-7922)
120.270	r	(P-12137/91; A-139)	n	(E-11947)	141.1320	r	(P-12132/91; A-7922)
120.271	r	(P-12137/91; A-139)	n	(P-4708)	141.1360	r	(P-12132/91; A-7922)
120.272	r	(P-12137/91; A-139)	n	(P-4708)	141.1400	r	(P-12132/91; A-7922)
120.273	r	(P-12137/91; A-139)	n	(P-15019) (E-15109)	141.1480	r	(P-12132/91; A-7922)
120.275	r	(P-12137/91; A-139)	n	(P-15019) (E-15109)	141.1500	r	(P-12132/91; A-7922)
120.276	r	(P-12137/91; A-139)	n	(P-15019) (E-15109)	141.1520	r	(P-12132/91; A-7922)
120.280	r	(P-12137/91; A-139)	n	(P-15933/91; A-6408)	141.1560	r	(P-12132/91; A-7922)
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141.2200	r	(P-12132/91; A-7922)	r
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141.2280	r	(P-12132/91; A-7922)	r
141.2320	r	(P-12132/91; A-7922)	r
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141.2520	r	(P-12132/91; A-7922)	r
141.2560	r	(P-12132/91; A-7922)	r
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141.3200	r	(P-12132/91; A-7922)	r
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141.3280	r	(P-12132/91; A-7922)	r
141.3320	r	(P-12132/91; A-7922)	r
141.3360	r	(P-12132/91; A-7922)	r
141.3400	r	(P-12132/91; A-7922)	r
141.3440	r	(P-12132/91; A-7922)	r
141.3480	r	(P-12132/91; A-7922)	r
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141.3600	r	(P-12132/91; A-7922)	r
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141.3680	r	(P-12132/91; A-7922)	r
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141.4080	r	(P-12132/91; A-7922)	r
141.4120	r	(P-12132/91; A-7922)	r
141.4160	r	(P-12132/91; A-7922)	r
141.4200	r	(P-12132/91; A-7922)	r
141.4240	r	(P-12132/91; A-7922)	r
141.4280	r	(P-12132/91; A-7922)	r
141.4320	r	(P-12132/91; A-7922)	r
141.4360	r	(P-12132/91; A-7922)	r
141.4400	r	(P-12132/91; A-7922)	r
141.4440	r	(P-12132/91; A-7922)	r
141.4480	r	(P-12132/91; A-7922)	r
141.4520	r	(P-12132/91; A-7922)	r
141.4560	r	(P-12132/91; A-7922)	r
141.4600	r	(P-12132/91; A-7922)	r
141.4640	r	(P-12132/91; A-7922)	r
141.4680	r	(P-12132/91; A-7922)	r
141.4720	r	(P-12132/91; A-7922)	r
141.4760	r	(P-12132/91; A-7922)	r
141.4800	r	(P-12132/91; A-7922)	r
144.275	am	(P-15926/91; A-5898)	am
144.300	n	(P-7455/91; A-3497)	n
144.325	n	(P-5806; W-14475)	n
144.350	n	(P-5806; W-14475)	n
144.375	n	(P-5806; W-14475)	n
144.400	n	(P-5806; W-14475)	n
144.425	n	(P-5806; W-14475)	n
144.450	n	(P-5806; W-14475)	n
147.25	am	(P-4218; RC-10500; A-14233)	am
147.50	am	(P-4218; RC-10500; A-14233)	am
147.75	am	(P-4218; RC-10500; A-14233)	am
147.100	am	(P-8906)	am
147.150	am	(P-15940/91; A-6479)	am
147.205	am	(P-13215) (E-13361)	am
147.305	am	(P-8906)	am
147.310	am	(P-8906)	am

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TITLE 89 (CONT'D)		(P-8906)	am
147.315	am	(P-8906)	am
147.320	am	(P-8906)	am
147.325	am	(P-8906)	am
147.340	am	(P-8906)	am
147.345	am	(P-8906)	am
147.350	am	(P-8906)	am
147.Tb.A	am	(P-7501/91; A-4035)	am
147.Tb.B	am	(P-7501/91; A-4035)	am
147.Tb.D	am	(P-15940/91; A-6479)	am
147.Tb.E	am	(P-4218; RC-10500; A-14233)	am
147.Tb.G	am	(P-4218; RC-10500; A-14233)	am
147.Tb.L	n	(P-4218; RC-10500; A-14233)	n
148.20	am	(P-15928/91; A-6255)	am
148.25	n	(P-11719) (E-11942)	n
148.30	am	(P-14540) (E-14778)	am
148.40	am	(P-15928/91; A-6255)	am
148.50	am	(P-14540) (E-14778)	am
148.60	am	(P-15928/91; A-6255)	am
148.70	am	(P-14540) (E-14778)	am
148.80	am	(P-15928/91; A-6255)	am
148.82	n	(E-11335)	n
148.90	r	(P-15928/91; A-6255)	r
148.100	r	(P-15928/91; A-6255)	r
148.110	r	(P-15928/91; A-6255)	r
148.120	am	(P-15928/91; A-6255)	am
148.130	am	(P-14540) (E-14778)	am
148.140	am	(P-15928/91; A-6255)	am
148.150	am	(P-1786) (P-14540)	am
148.160	am	(E-14778)	am
148.170	am	(P-15928/91; A-6255)	am
148.180	am	(P-14540) (E-14778)	am
149.10	n	(P-15931/91; A-6195)	n
149.25	am	(P-15931/91; A-6195)	am
149.50	am	(P-15931/91; A-6195)	am
149.75	am	(P-15931/91; A-6195)	am
149.100	am	(P-14535) (E-14733)	am
149.105	am	(P-15931/91; A-6195)	am
149.125	am	(P-14535) (E-14733)	am
149.140	n	(P-14535) (E-14733)	n
149.150	am	(P-15931/91; A-6195)	am
149.175	r	(P-14535) (E-14733)	r
149.200	r	(P-15931/91; A-6195)	r
149.205	r	(P-15931/91; A-6195)	r
149.225	r	(P-15931/91; A-6195)	r

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TITLE 89 (CONT'D)		TITLE 89 (CONT'D)	
149.250	r	305.20	am
149.275	r	305.20	re
149.300	r	305.30	am
149.305	r	305.30	re
149.325	r	305.40	#
150.10	n	305.40	re
150.20	n	305.50	am
150.30	n	305.50	re
150.40	n	305.60	am
150.50	n	305.60	re
150.60	n	305.70	n
160.5	am	305.70	re
160.10	am	305.80	n
160.20	am	305.80	re
160.30	am	305.90	#
160.77	am	305.90	re
160.85	n	305.100	#
230.45	am	305.100	re
		305.110	#
230.570	am	305.110	re
240.400	am	305.120	#
		305.120	re
240.415	am	305.130	am
		305.130	re
240.430	am	305.140	#
		305.140	re
		309.1	r
240.435	am	309.2	r
		309.3	r
		309.4	r
		309.5	r
240.451	n	309.6	r
240.655	am	309.7	r
		309.8	r
240.720	am	309.9	r
		309.10	r
		309.11	r
		309.12	r
240.720	r	309.13	r
240.725	am	309.14	r
		309.15	r
		309.16	r
		309.17	r
240.725	r	309.18	r
240.726	n	309.19	r
240.727	r	309.20	r
240.727	n	309.21	r
240.728	n	309.22	r
		309.23	r
		335.100	am
		335.102	am
		335.200	am
		335.202	am
		335.300	am
		335.302	am
		335.304	am
		335.306	am
		335.308	r
		335.310	am
		335.312	am
		335.314	am
		335.316	am
		335.318	am
		335.320	am
		335.326	am
		335.328	am
		335.330	am
		335.332	am
		335.334	am
		335.336	am
		335.338	am
		335.340	n
		336.10	n
		336.20	n
		336.30	n
		336.40	n
		336.50	n
		336.60	n
		336.70	n
		336.80	n
		336.90	n
		336.100	n
		336.110	n



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TITLE 89 (CONT'D)		406.13	am	
336.120	n	(P-7963)		(P-14734/91; A-7602)
336.130	n	(P-7963)		406.14am(P-14734/91; A-7602)
336.140	n	(P-7963)	406.22	(P-14734/91; A-7602)
336.150	n	(P-7963)	406.24	(P-14734/91; A-7602)
336.160	n	(P-7963)	407.29	(P-14729/91; A-7597)
336.170	n	(P-7963)	408.5	(P-14764/91; A-8950)
337.10	n	(P-7999)	408.7	(P-14764/91; A-8950)
337.20	n	(P-7999)	408.20	(P-14764/91; A-8950)
337.30	n	(P-7999)	408.30	(P-14764/91; A-8950)
337.40	n	(P-7999)	408.40	(P-14764/91; A-8950)
337.50	n	(P-7999)	408.50	(P-14764/91; A-8950)
337.60	n	(P-7999)	408.60	(P-14764/91; A-8950)
337.70	n	(P-7999)	408.65	(P-14764/91; A-8950)
337.80	n	(P-7999)	408.70	(P-14764/91; A-8950)
337.90	n	(P-7999)	408.105	(P-14764/91; A-8950)
337.100	n	(P-7999)	510.10	(P-69; A-8537)
337.110	n	(P-7999)	510.20	(P-69; A-8537)
337.120	n	(P-7999)	510.30	(P-69; A-8537)
337.130	n	(P-7999)	510.40	(P-69; A-8537)
337.140	n	(P-7999)	510.70	(P-69; A-8537)
337.150	n	(P-7999)	510.80	(P-69; A-8537)
337.160	n	(P-7999)	510.90	(P-69; A-8537)
337.170	n	(P-7999)	510.100	(P-69; A-8537)
337.180	n	(P-7999)	510.110	(P-69; A-8537)
337.190	n	(P-7999)	562.20	(P-14189)
337.200	n	(P-7999)	562.30	(P-14189)
337.210	n	(P-7999)	567.20	(P-10403)
337.220	n	(P-7999)	567.30	(P-10403)
337.230	n	(P-7999)	567.100	(P-10403)
337.240	n	(P-7999)	587.70	(P-18110/91; A-8235)
337.250	n	(P-7999)	597.20	(P-3440; A-12583)
352. Ap.A	am	(P-13229/91; A-3924)	673.10	(E-11682) (P-13224; W-13983)
377.2	am	(P-7553)	673.10	(E-13977)
377.4	am	(P-7553)	673.20	(E-11682) (P-13224; W-13983)
378.1	r	(P-7561)	673.20	(E-13977)
378.2	r	(P-7561)	673.30	(E-11682) (P-13224; W-13983)
378.3	r	(P-7561)	673.30	(E-13977)
378.4	r	(P-7561)	673.30	(E-11682) (P-13224; W-13983)
402.15	am	(P-11707) (E-11879)	673.30	(E-13977)
406.2	am	(E-15088/91; M-22669) (P-14734/91; A-7602)	673.40	(E-11682) (P-13224; W-13983)
406.4	am	(P-14734/91; A-7602)	673.40	(E-13977)
406.5	am	(P-14734/91; A-7602)	673.50	(E-11682) (P-13224; W-13983)
406.6	am	(P-14734/91; A-7602)	673.50	(E-13977)
406.7	am	(P-14734/91; A-7602)	673.50	(E-2690)
406.8	am	(P-14734/91; A-7602)	674.10	(E-2690)
406.9	am	(P-14734/91; A-7602)	674.10	(E-2690)
406.10	am	(P-14734/91; A-7602)	674.20	(E-2690)
406.11	am	(P-14734/91; A-7602)	674.30	(E-2690)
406.12	am	(P-14734/91; A-7602)	674.40	(E-2690)

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674.50	n	(E-2690)	843.150	am	(P-15405/91; A-10316)
683.100	r	(E-2688) (E-11679) (P-13221; W-13982) (E-13974)	843.160 843.180 845.10 845.20	am am am am	(P-15405/91; A-10316) (P-15405/91; A-10316) (P-11572/91/ A-2615) (P-11572/91/ A-2615)
685.500	am	(P-14392/91; A-4529)	845.30	am	(P-11572/91/ A-2615)
685.550	n	(P-14392/91; A-4529)	845.40	am	(P-11572/91/ A-2615)
685.600	am	(P-16876/91; A-6868)	900.310	am	(P-12989/91; A-5311)
690.100	am	(P-15065)	900.321	am	(P-12989/91; A-5311)
690.200	am	(P-15065)	900.322	am	(P-12989/91; A-5311)
690.300	am	(P-15065)	900.330	am	(P-12989/91; A-5311)
690.400	am	(P-15065)	900.331	am	(P-12989/91; A-5311)
714.30	am	(P-3067; RC-13373)	900.342	am	(P-12989/91; A-5311)
714.100	am	(P-3067; RC-13373)	900.343	am	(P-12989/91; A-5311)
714.110	am	(P-3067; RC-13373)	900.345	am	(P-12989/91; A-5311)
714.120	am	(P-3067; RC-13373)	900.348	am	(P-12989/91; A-5311)
714.130	am	(P-3067; RC-13373)	1200.10	am	(P-15354)
714.300	n	(P-3067; RC-13373)	1200.20	am	(P-15354)
714.310	am	(P-3067; RC-13373)	1200.30	am	(P-15354)
730.700	r	(P-10397)	1200.40	am	(P-15354)
787.10	n	(P-13027/91; A-2882)	1200.50	am	(P-15354)
787.20	n	(P-13027/91; A-2882)	1200.60	am	(P-15354)
787.30	n	(P-13027/91; A-2882)	1200.70	am	(P-15354)
787.40	n	(P-13027/91; A-2882)	1200.80	am	(P-15354)
787.50	n	(P-13027/91; A-2882)	1200.100	am	(P-15354)
840.10	am	(P-15390/91; A-10301)	1200.110	am	(P-15354)
840.20	am	(P-15390/91; A-10301)	1200.Ap.A	am	(P-15354)
840.30	am	(P-15390/91; A-10301)	1300.110	am	(P-5141/91; A-4819)
840.40	am	(P-15390/91; A-10301)	1300.120	am	(P-5141/91; A-4819)
840.50	am	(P-15390/91; A-10301)	1300.130	am	(P-5141/91; A-4819)
840.60	n	(P-15390/91; A-10301)	1300.200	am	(P-5141/91; A-4819)
840.70	n	(P-15390/91; A-10301)	1300.205	n	(P-5141/91; A-4819)
840.75	am	(P-15390/91; A-10301)	1300.210	am	(P-5141/91; A-4819)
840.80	am	(P-15390/91; A-10301)			
840.90	am	(P-15390/91; A-10301)			
840.95	n	(P-15390/91; A-10301)	TITLE 92		
840.100	n	(P-15390/91; A-10301)	44.30	am	(P-4807; A-12601)
840.105	n	(P-15390/91; A-10301)	50.5	r	(P-6139; A-13094)
840.110	n	(P-15390/91; A-10301)	50.10	r	(P-6139; A-13094)
840.115	n	(P-15390/91; A-10301)	50.10	n	(P-6153; A-13096)
840.118	n	(P-15390/91; A-10301)	50.20	r	(P-6139; A-13094)
843.10	am	(P-15405/91; A-10316)	50.20	n	(P-6153; A-13096)
843.20	am	(P-15405/91; A-10316)	50.30	r	(P-6139; A-13094)
843.30	am	(P-15405/91; A-10316)	50.30	n	(P-6153; A-13096)
843.40	am	(P-15405/91; A-10316)	50.40	r	(P-6139; A-13094)
843.60	am	(P-15405/91; A-10316)	50.40	n	(P-6153; A-13096)
843.61	am	(P-15405/91; A-10316)	50.50	r	(P-6139; A-13094)
843.70	am	(P-15405/91; A-10316)	50.50	n	(P-6153; A-13096)
843.80	am	(P-15405/91; A-10316)	50.60	r	(P-6139; A-13094)
843.120	am	(P-15405/91; A-10316)	50.60	n	(P-6153; A-13096)
843.121	am	(P-15405/91; A-10316)	50.70	r	(P-6139; A-13094)
843.130	am	(P-15405/91; A-10316)	50.70	n	(P-6153; A-13096)



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50.80	r	(P-6139; A-13094)	179.2000	am	(P-3876; A-11863)
50.80	n	(P-6153; A-13096)			(P-16027/91; W-2700)
50.90	r	(P-6139; A-13094)	180.2000	am	(P-3888; A-11875)
50.90	n	(P-6153; A-13096)	390.1010	am	(P-3851; A-11847)
50.100	r	(P-6139; A-13094)	390.1020	am	(P-7815; A-14435)
50.100	n	(P-6153; A-13096)	390.2000	am	(P-7815; A-14435)
50.110	r	(P-6139; A-13094)	391.1000	am	(P-7832; A-14715)
50.110	n	(P-6153; A-13096)	391.2000	am	(P-16653/91; A-5362)
50.120	r	(P-6139; A-13094)			(P-7832; A-14715)
50.120	n	(P-6153; A-13096)	395.2000	am	(P-7805; A-14425)
50.130	r	(P-6139; A-13094)	396.2010	am	(P-7811; A-14431)
50.130	n	(P-6153; A-13096)	440.420	am	(P-13041/91; A-1655)
50.140	r	(P-6139; A-13094)	440.11.A	am	(P-13041/91; A-1655)
50.140	n	(P-6153; A-13096)	440.11.B	n	(P-13041/91; A-1655)
50.150	r	(P-6139; A-13094)	442.285	am	(P-13072/91; A-1685)
50.160	r	(P-6139; A-13094)	442.11.A	am	(P-13072/91; A-1685)
50.160	n	(P-6153; A-13096)	442.11.E	n	(P-13072/91; A-1685)
50.Ex.A	n	(P-4813; A-12608)	456.50	am	(P-9453)
62.30	am	(P-19709/91; P-10475)	456.60	am	(P-9453)
97.10	n	(P-19709/91; P-10475)	456.70	am	(P-9453)
97.20	n	(P-19709/91; P-10475)	456.80	am	(P-9453)
97.30	n	(P-19709/91; P-10475)	456.90	n	(P-9453)
97.40	n	(P-19709/91; P-10475)	530.10	n	(P-2940/91; A-2193)
97.50	n	(P-19709/91; P-10475)	530.10	r	(P-3003/91; A-2256)
97.60	n	(P-19709/91; P-10475)	530.20	n	(P-2940/91; A-2193)
97.70	n	(P-19709/91; P-10475)	530.20	r	(P-3003/91; A-2256)
97.80	n	(P-19709/91; P-10475)	530.30	n	(P-2940/91; A-2193)
97.90	n	(P-19709/91; P-10475)	530.30	r	(P-3003/91; A-2256)
97.100	n	(P-19709/91; P-10475)	530.40	n	(P-2940/91; A-2193)
97.110	n	(P-19709/91; P-10475)	530.50	n	(P-2940/91; A-2193)
97.120	n	(P-19709/91; P-10475)	530.60	n	(P-2940/91; A-2193)
97.130	n	(P-19709/91; P-10475)	530.100	n	(P-3003/91; A-2256)
97.140	n	(P-19709/91; P-10475)	530.101	r	(P-3003/91; A-2256)
171.5	n	(P-3856; A-12208)	530.102	r	(P-3003/91; A-2256)
171.6	am	(P-3856; A-12208)	530.103	r	(P-3003/91; A-2256)
171.6	#	(P-15995/91; W-2696)	530.104	r	(P-3003/91; A-2256)
171.1000	am	(P-3856; A-12208)	530.105	r	(P-3003/91; A-2256)
172.2000	am	(P-16003/91; W-2697)	530.106	r	(P-3003/91; A-2256)
172.2215	am	(P-3864; A-11851)	530.107	r	(P-3003/91; A-2256)
172.2215	am	(P-16003/91; W-2699)	530.108	r	(P-3003/91; A-2256)
173.3000	am	(P-3864; A-11851)	530.109	n	(P-2940/91; A-2193)
173.3000	am	(P-16008/91; W-2698)	530.110	n	(P-3003/91; A-2256)
177.2000	am	(P-3869; A-11856)	530.111	r	(P-3003/91; A-2256)
177.2000	am	(P-15990/91; W-2695)	530.112	r	(P-3003/91; A-2256)
178.336.1.1	am	(P-3847; A-11843)	530.113	r	(P-3003/91; A-2256)
178.336.1.5	am	(P-3876; A-11863)	530.114	r	(P-3003/91; A-2256)
178.336.1.5	am	(P-16015/91; W-2699)	530.115	r	(P-3003/91; A-2256)
178.336.1.5	am	(P-3876; A-11863)	530.116	r	(P-3003/91; A-2256)
178.2000	am	(P-16015/91; W-2699)	530.117	r	(P-3003/91; A-2256)

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530.530	n	(P-3003/91; A-2256)	530.118	r	(P-2940/91; A-2193)
530.600	n	(P-3003/91; A-2256)	530.119	r	(P-2940/91; A-2193)
530.601	r	(P-2940/91; A-2193)	530.120	n	(P-3003/91; A-2256)
530.602	r	(P-3003/91; A-2256)	530.120	r	(P-2940/91; A-2193)
530.610	n	(P-3003/91; A-2256)	530.121	r	(P-3003/91; A-2256)
530.610	n	(P-2940/91; A-2193)	530.122	r	(P-3003/91; A-2256)
530.700	n	(P-2940/91; A-2193)	530.123	r	(P-3003/91; A-2256)
530.701	r	(P-3003/91; A-2256)	530.130	n	(P-2940/91; A-2193)
530.702	r	(P-3003/91; A-2256)	530.140	n	(P-2940/91; A-2193)
530.710	n	(P-2940/91; A-2193)	530.150	n	(P-2940/91; A-2193)
530.800	n	(P-2940/91; A-2193)	530.200	n	(P-3003/91; A-2256)
530.801	r	(P-3003/91; A-2256)	530.201	r	(P-3003/91; A-2256)
530.802	r	(P-3003/91; A-2256)	530.202	r	(P-3003/91; A-2256)
530.804	r	(P-3003/91; A-2256)	530.203	r	(P-3003/91; A-2256)
530.810	n	(P-2940/91; A-2193)	530.210	n	(P-2940/91; A-2193)
530.820	n	(P-2940/91; A-2193)	530.220	n	(P-2940/91; A-2193)
530.830	n	(P-2940/91; A-2193)	530.225	n	(P-2940/91; A-2193)
530.840	n	(P-2940/91; A-2193)	530.230	n	(P-2940/91; A-2193)
530.900	n	(P-2940/91; A-2193)	530.240	n	(P-2940/91; A-2193)
530.901	r	(P-3003/91; A-2256)	530.250	n	(P-2940/91; A-2193)
530.902	r	(P-3003/91; A-2256)	530.260	n	(P-2940/91; A-2193)
530.904	r	(P-3003/91; A-2256)	530.270	n	(P-2940/91; A-2193)
530.905	r	(P-3003/91; A-2256)	530.280	n	(P-2940/91; A-2193)
530.906	r	(P-3003/91; A-2256)	530.290	n	(P-2940/91; A-2193)
530.907	r	(P-3003/91; A-2256)	530.300	n	(P-3003/91; A-2256)
530.908	r	(P-3003/91; A-2256)	530.301	r	(P-2940/91; A-2193)
530.909	r	(P-3003/91; A-2256)	530.302	r	(P-3003/91; A-2256)
530.11.A	n	(P-3003/91; A-2193)	530.303	r	(P-3003/91; A-2256)
708.70	am	(P-8193/91; A-194)	530.310	n	(P-2940/91; A-2193)
787.10	n	(P-13027/91; A-2882)	530.320	n	(P-2940/91; A-2193)
787.20	n	(P-13027/91; A-2882)	530.330	n	(P-2940/91; A-2193)
787.30	n	(P-13027/91; A-2882)	530.400	n	(P-2940/91; A-2193)
787.40	n	(P-13027/91; A-2882)	530.401	r	(P-3003/91; A-2256)
787.50	n	(P-13027/91; A-2882)	530.402	r	(P-3003/91; A-2256)
1002.45	am	(P-6790; A-13088)	530.403	r	(P-3003/91; A-2256)
1002.45	n	(P-6790; A-13088)	530.410	n	(P-3003/91; A-2256)
1010.420	am	(P-5240; A-12587)	530.420	n	(P-3003/91; A-2256)
1030.11	am	(P-1271)	530.430	n	(P-3003/91; A-2256)
1030.12	n	(E-12228)	530.440	n	(P-3003/91; A-2256)
1030.30	am	(P-2449)	530.450	n	(P-3003/91; A-2256)
1030.84	am	(P-14198/91; A-2182)	530.460	n	(P-2940/91; A-2193)
1030.120	am	C-2957)	530.470	n	(P-3003/91; A-2256)
1030.130	am	(P-12138)	530.480	n	(P-3003/91; A-2256)
1070.20	am	(P-12138)	530.500	n	(P-3003/91; A-2256)
1070.40	am	(P-15428/91; A-2172)	530.501	r	(P-3003/91; A-2256)
1070.40	am	(P-15428/91; A-2172)	530.502	r	(P-3003/91; A-2256)
1309.10	n	(P-3238; A-11827)	530.503	r	(P-3003/91; A-2256)
1309.20	n	(P-3238; A-11827)	530.510	n	(P-3003/91; A-2256)
1309.30	n	(P-3238; A-11827)	530.520	n	(P-2940/91; A-2193)



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121.30	n	(P-561; A-7707)
121.40	n	(P-561; A-7707)
121.50	n	(P-561; A-7707)
121.60	n	(P-561; A-7707)
121.70	n	(P-561; A-7707)
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122.40	n	(P-2113)
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122.60	n	(P-2113)
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